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TABLE OF CONTENTS

	<u>Page</u>
List of Appendices	i
List of Tables	ii
Foreword	iii
Acknowledgment	iv
Introduction	v
Methods	vi
General Summary	vii
Detailed Findings and Recommendations	
A. Organization and Operation	1
B. Communications	7
C. Training	11
D. Ambulance Equipment	12
E. Hospital Emergency Room	15
Priorities	21
Appendices	22

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LIST OF APPENDICES

	<u>Page</u>
A. Directory	23
1. Ambulance Services	25
2. Hospitals	31
3. Land Area, Population and Service Ratios by County (August, 1970)	35
B. Other Emergency Services	37
1. Air Ambulances	39
2. Search and Rescue	42
3. Civil Air Patrol	49
C. Maps.	51
1. Radio Location	53
2. Population Density	55
3. Location of Ambulance Services and Training Programs	57
D. Emergency Medical Services Projects	59
E. Priority Cover Letter and List	61
F. Highway Traffic Safety Board	65
G. Montana Committee on Trauma of the American College of Surgeons	67
H. Minimal Equipment and Approximate Cost	68
I. Laws Relevant to Emergency Medical Services	69



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LIST OF TABLES

		<u>Page</u>
Table	I Vehicle Types by Organization	1
Table	II Ambulance Patient Capacity	2
Table	III Emergency and Non-emergency Runs (by percent)	4
Table	IV Percentage of Collections	5
Table	V Training Levels	11
Table	VI Minimal Equipment List	13
Table	VII Hospitals' Evaluation of Ambulance Services .	16
Table	VIII Hospital Emergency Rooms	17
Table	IX Distribution of Emergency Cases and Collections	18
Table	X Hospital Coordination and Communication . . .	18
Table	XI Type of Emergency Room (by category)	19

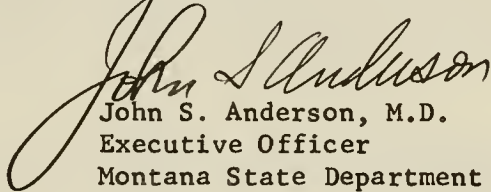
FOREWORD

Every citizen of the State of Montana should be aware of the amount and quality of emergency medical services that are available to them. The ambulance services and hospitals are vital to the citizens of the state and their contribution must be respected. It is imperative that each service rendering emergency medical care be capable of producing the highest quality service.

To identify the services provided and existing problems in the administration of such services, a survey was conducted to evaluate emergency medical services in the State of Montana.

It is intended that this report stimulate further review and action in the improvement of emergency medical services throughout Montana.

Respectfully,

A handwritten signature in cursive script, reading "John S. Anderson". The signature is written in dark ink and is positioned above the printed name and title.

John S. Anderson, M.D.

Executive Officer

Montana State Department of Health

ACKNOWLEDGMENT

This report on Emergency Medical Services in Montana was made possible by funding granted to the Montana State Department of Health by the National Highway Safety Bureau for the purpose of determining emergency care resources in the State of Montana.

We are indebted to the ambulance service and hospital personnel, without whose cooperation the survey would not have been possible. Also, the assistance of Mary E. Soules, M.D., Project Director of the Emergency Medical Services Program is gratefully acknowledged. The survey was conducted and the report written by Gerald T. Luchau, Glenn P. Anderson and William J. Potts, with the assistance of Robert L. Quam, Emergency Health Planning.

A number of agencies were of great assistance. Individuals with the Montana Highway Safety Office, the Montana Hospital Association and the Montana Civil Defense Agency donated their time and energies to make this report a success.

The cooperation of many people will be needed to implement the recommendations made in this report. Those involved in the survey believe that action on these proposals will improve emergency care within the State of Montana.

INTRODUCTION

The State of Montana has developed a comprehensive highway safety program in accordance with the National Highway Safety Act of 1966. This Act authorized the United States Department of Transportation to develop criteria for highway safety. It adopted sixteen standards and assigned responsibility for highway safety programs to the state governors. Standard 11 provides for the creation of emergency medical services because

"When accidents occur, it is essential that every available resource be mobilized to save lives, lessen the severity of injuries, . . . and restore the movement of traffic."¹

This report is concerned with Standard 11 of the Highway Safety Act, "Emergency Medical Services". It specifies that there be a program established to guarantee prompt emergency medical care and transportation by qualified personnel to persons involved in highway accidents. Because coordination between ambulance and hospital emergency room personnel is an important part of emergency care, these services were surveyed.

The Emergency Medical Services Program currently is involved in training, taking an inventory of all emergency medical services, and collecting/publishing all pertinent information. In the last year, it also has provided matching funds in five areas for new equipment and training. (See Appendix D). These functions are designed to assist the ambulances to quickly respond to emergencies and sustain life through emergency medical aid, both at the scene of the accident and in transit to the hospital.

The basic objectives of this report are: to evaluate ambulance transportation, communication capabilities, types and quality of emergency equipment, training levels of personnel, and to establish rapport with ambulance services. The principal areas of concern are the immediate care of the patient at the scene of the accident, and the handling and the transporting of the patient to the hospital.

¹H. Rept. 1700, 89th Congress, 2nd Session, p. 19.

METHODS

During July and August 1970, a survey program was developed to evaluate emergency services. It included personal interviews with personnel of all ambulance and hospital services. Air ambulance services and governmental emergency health care facilities personnel were surveyed by mail or telephone. This survey provided insights into their personal feelings about their operation, therefore operational problems were discussed openly.

The survey focused its attention on hospital emergency rooms and ambulance services. An interview schedule was utilized for the ambulance services and hospitals. This method enabled the survey team to cross-check responses and find problem areas which existed between the two types of services.

None of the operators refused to cooperate, although there was no legal requirement that they do so.

The information collected from ambulance services concerned: organizational structure, personnel policies and training, equipment, communications systems, hospital facilities, finances, and respondents' opinions on various aspects of emergency medical service.

Hospital personnel were interviewed regarding their emergency room management guidelines, status of emergency room functions, general operational policies, types of treatment available, and staffing. Also, they were asked to appraise the ambulance services in their area.

In order to determine emergency medical priorities, a priority checklist was mailed, following the survey, to each ambulance service operator. (Appendix E). They were asked to rate the list in order of importance. Priority items included: vehicles, personnel training, medical equipment, communications equipment, and subsidization.

GENERAL SUMMARY

The State of Montana has 96* ambulance services offering various types of emergency medical services to its citizens. In addition, there are 34 incorporated communities in Montana without ambulance service.

Training levels of the ambulance personnel varies to a great extent. The majority of the services require their personnel to have only minimal first aid training, while a sufficient number do not require them to have any first aid training at all. Many consider themselves to be providers of transportation with emphasis on prompt and careful handling of the injured. There are a number of notable exceptions to this attitude among local government, volunteer and private services. The vast majority expressed the desire to have advanced medical training programs for their personnel.

The response time between accident and beginning of definitive medical treatment varies. Factors influencing response time are length of run and accessibility of ambulance teams. An average of five minutes elapses from the time of notification until the ambulance begins its run, and approximately 18 - 20 minutes for the ambulance to reach the accident scene. The survey did not evaluate time spent at the accident scene or average time en route to the hospital. The impact of poor weather conditions was not investigated.

Very few ambulances carry the equipment recommended as minimal by the American College of Surgeons.

Communication systems vary from standard telephones to sophisticated complexes. The majority of the services are radio-equipped and their base stations usually are located with fire or law enforcement agencies. The more sophisticated systems are found in services that serve large population centers. In the smaller rural communities, the presence of a mobile unit is considered by the ambulance services personnel to be adequate for their needs.

A majority of ambulance service personnel expressed the desire to see some type of legislation to establish standards. However, this attitude was conditioned by many personnel in rural communities who hope that any legislation would take into account their special needs and problems.

Generally, the ambulance services operators consider their relations with hospital emergency room personnel to be adequate, although there were a number of complaints of some hospitals in the larger populated areas.

It appears that the better ambulance services are private services, some voluntary associations and a few local government agencies. These services have the best trained personnel and adequate equipment.

* Although there are 96 ambulance services listed in the Ambulance Directory, only 92 of these were personally interviewed and included throughout this report.

Among this group, there is a strong desire for more training programs. Also, they recognize the need for good radio equipment and radio network between ambulance and hospital. Many of the morticians expressed the desire to terminate their ambulance services and stated that if standards were forced upon them they would withdraw their ambulance services rather than comply.

DETAILED FINDINGS AND RECOMMENDATIONS

A. ORGANIZATION AND OPERATION

1. Vehicles

A variety of vehicle types are utilized by the ambulance services including commercial ambulances, station wagons, vans, and, in one instance, a sedan taxi cab. Of the total number of vehicles in operation, 38 are station wagons. Over half of these are used by funeral homes and voluntary associations. More than half of the vehicles used by private operators are commercial ambulances, and approximately one-third of the local government ambulances are commercial type. Over half of the volunteer fire departments maintain van-type vehicles as ambulances.

TABLE I

Vehicle Types by Organization

Type of Service	Number of Services	Number of Vehicles	Percent	Vehicle Total
<u>Funeral Home</u>	13			19
Van		3	15.7	
Hearse		1	5.5	
Combination hearse-ambulance		11	57.8	
Ambulance		4	21.0	
<u>Volunteer Fire Department</u>	17			18
Van		11	61.1	
Combination hearse-ambulance		3	16.6	
Ambulance		4	22.3	
<u>Voluntary Associations</u>	18			19
Van		3	15.7	
Combination hearse-ambulance		5	26.5	
Ambulance		11	57.8	
<u>Local Government (Law and Fire)</u>	24			33
Van		9	27.2	
Combination hearse-ambulance		11	33.3	
Ambulance		13	39.5	
<u>Private</u>	16			31
Van		5	16.2	
Combination hearse-ambulance		9	29.0	
Ambulance		17	54.8	
<u>Hospital</u>	4			4
Van		2	50.0	
Ambulance		1	25.0	
Hearse		1	25.0	
Totals	92			124

The average cost of each ambulance is \$5,180, and the cost ranges from \$175 - \$19,500. The age of the ambulance vehicles spans 23 years, with three ambulances being over 20 years old. Thirteen are 1970 models.

Of the 125 ambulances surveyed, 89 are two-place, 29 are four-place, and three are three-place. One-place ambulances are scarce, with only four being reported.

TABLE II

Ambulance Patient Capacity

<u>Number of Passengers</u>	<u>Number of Ambulances</u>
1	4
2	89
3	3
4	29
	<u>125</u> Total

Age of Vehicles

Older than 10 years	19.6%
5 - 10 years	33.4%
Less than 5 years	47.0%

2. Special and Additional Vehicles

Fourteen and one-tenth percent of the service operators indicated they operate special vehicles such as four-wheel drive units and/or snowmobiles. Eighty-five and nine-tenths percent reported they do not operate any kind of special vehicle. Seventy-nine and three-tenths percent stated they could increase their service strength in case of emergencies. The most common types of additional vehicles are funeral coaches and station wagons.

3. Accident

Eighty-six percent of the service operators said they did not have any vehicle accidents within the last ten years, while 14 percent reported 15 accidents for the same period.

4. Inspections

Although there is no state law requiring inspection of emergency vehicles, almost 23 percent of the service operators indicated that inspection is required periodically, usually by some official in the local government. Seventy-seven percent stated that no vehicle inspection is required.

5. Driver Training

Eighty-one percent of the service operators do not require special driver training for their ambulance personnel, while 19 percent indicate that some type of special driver training is mandatory.

6. Chauffeurs

Eighty-nine and one-tenth percent of the ambulance drivers have chauffeur licenses, leaving 10.9 percent with resident driver licenses. (State law requires all operators of vehicles for public service to have a valid chauffeur license.)

7. Legal Action

Only 2.2 percent of the ambulance service operators stated they had had legal action filed against their service; however, no action transpired.

8. Cleanliness

For this section, rating of good, fair and poor was utilized and the interviewers were required to place each service into one of the categories. Forty-six and six-tenths percent were rated good; 40 percent, fair; 13.4 percent, poor.

9. Communicable Disease Instruction

Seventy and three-tenths percent of the ambulance service operators indicated that their personnel have no instruction in communicable disease control.

10. Seat Belts

Of the 92 services, 7 have no seat belts. There are 45 services that have seat belts for all persons in the vehicle. Twenty-seven units have no restraints for their stretchers.

11. Emergency/Non-emergency Runs

Thirty-two and six-tenths percent of the service operators said that 80-100 percent of their calls are emergency, and 19.6 percent stated that 5-25 percent of their calls are emergency. Forty and nine-tenths percent of the operators considered 5-25 percent of their calls to be non-emergency, and 12.5 percent stated that 80-100 percent of their calls are non-emergency. Non-emergency calls are considered to be primarily transfers. The ambulance service operators regard dry runs to compose a very small portion of their total calls which include both drills and false calls. Forty-five operators stated that dry runs occur very seldom, if at all.

TABLE III

Emergency and Non-Emergency Runs (by percent)

Kind of Run	Percent of Runs	Number of Services	Percent of Services
Emergency	5-25	18	19.6
	26-50	25	27.1
	51-75	19	20.7
	76-100	30	32.6
		—	—
Total		92	100.0
Non-Emergency	5-25	36	40.9
	26-50	21	23.8
	51-75	20	22.8
	76-100	11	12.5
		—	—
Total		88	100.0
Dry	1 or less	19	40.4
	2	9	19.1
	3	5	10.6
	4	1	2.0
	5	11	23.4
	10	2	4.5
		—	—
Total		47	100.0

12. Economics

A wide variety of billing rates is found among ambulance services. The highest rates are found among the private ambulance services in the more heavily populated areas. These services charge a basic rate of \$20 - \$30, plus mileage of 50¢ - \$1.00, and usually extra for items such as oxygen. In contrast, many of the volunteer and even some local government organizations charge a very minimal rate. Five services do not charge anything.

TABLE IV

Percentage of Collections

<u>Percent Collected</u>	<u>Number of Services</u>	<u>No Response</u>
0- 25	1	12
26- 50	13	
51- 70	11	
71- 90	45	
91-100	10	
Total	80	12

Profit

<u>Yes</u>	<u>Break Even</u>	<u>No</u>	<u>No Response</u>	<u>Total</u>
15	31	39	7	92

13. Emergency Medical Service Data System

A data system should be developed to continually review all aspects of emergency medical services and identify problem areas.

Two types of information are needed: inventory data (describing the characteristics of the local system) and response data (describing the performance of the system).

Inventory Data - This should include communication network, ambulance equipment, and personnel by level of training.

Response Data - For all accidents, information should be available on the response time of an ambulance to the accident scene and until the injured receives definitive care. Additional information should be included on the type of first aid rendered at the accident scene and en route to the hospital.

It will require an extensive study to develop such a system.

RECOMMENDATIONS

The ambulance vehicle should have space for a driver, attendant and two litter patients. The patients should be so positioned in the vehicle that at least one can be given life-support in transit. The vehicle should be able to carry equipment and medical supplies for two-way radio communication, for safeguarding personnel and patients under hazardous conditions, and for maximum emergency medical care, both outside the vehicle and in transit. The emergency vehicle should be designed to provide maximum safety and comfort for the patient.

Minimum space between the head of the litter and the bulkhead of the vehicle should be at least 25 inches, including a seat for an attendant so positioned that he can provide respiratory care and resuscitation.

Minimum space at the foot of the litter should be 15 inches to accomodate traction splints and an attendant.

Minimum space between litters should be 25 inches so that an attendant can move between litters, and kneel to perform external cardiac compression and other medical functions.

While a height of 60 inches is preferable throughout the interior of the emergency vehicle, the minimal height should be at least 54 inches from floor to ceiling. This minimal height provides approximately 39 inches from the top of the litter to the ceiling, and allows the attendant enough room to kneel beside the patient and to use maximal body weight in performing cardiac compression.²

It is recommended that the ambulance services throughout the state review their operators' licenses and require all personnel who operate an emergency vehicle to hold a chauffeur's license.

Seat belts for attendants and drivers should be provided. A padded headrest should be installed above the seat fixed to the bulkhead, and restraints should be provided for the patient's protection during transit.³

² Committee on Emergency Medical Services et.al., Medical Requirements for Ambulance Design and Equipment. (Wash.: 1968), pp. 7, 11. Hereafter cited as Medical Requirements.

³ Medical Requirements, pp. 12-13.

B. COMMUNICATIONS

Improvement in the existing emergency medical services' communication systems is essential to minimize fatalities and to decrease the consequences of injuries. Coordination and central responsibility for communications are vital to dispatch ambulances, render emergency care, and to transfer/admit the injured to a hospital. It is imperative that there be a method to notify ambulance personnel of proper destination and to obtain medical advice, if needed, from a physician while enroute to a hospital.

Emergency medical communications in Montana are poorly developed and without any overall coordination. There are a variety of communication systems and many are deficient. Thirty and four-tenths percent of the ambulance services do not have two-way radios, 46.2 percent of the funeral homes' ambulances have no radios, 26.3 percent of the volunteer associations and 27.8 percent of the volunteer fire departments' ambulances do not have radios. The most adequately equipped services are the private and local government organizations--66.25 percent of the former and over 85 percent of the latter have two-way radios.

Six funeral homes do not have radio communications. Most of these services are relatively small, but the lack of radio communications may represent a serious handicap for a community in the event of a disaster.

Sixty-four ambulance services have radio communications of some type. The vast majority are inadequate because they usually depend upon law enforcement radio systems.

The frequencies used by the ambulance services are numerous. The most common frequencies used are 29.82, 39.82, 39.94, 45.80, 151.775, 155.280, 155.295 and 158.32 mHzs. These frequencies are employed locally by the ambulance services and are restricted to specific agencies.

There has been an appreciable increase in the number of radios used by ambulance services in the past few years. In 1967, 61.3 percent of the ambulance services reported having radio communications and only one service had direct communications with a hospital emergency room. Today, 69.6 percent of the ambulance services have radio-equipped vehicles. (See Appendix C, 1). Additionally, ten ambulance services have direct radio communication with hospital emergency rooms. Even with such improvements, there is a definite need for planned emergency medical communication systems which should involve cooperation between hospitals, ambulances and local government agencies.

Ten of the 53 hospitals surveyed presently maintain two-way radio capabilities. Of the hospitals with radio communication, all maintain links with local ambulances, and 90 percent with law enforcement agencies. Fifty percent of the radio-equipped hospitals routinely use their radios for paging and communicating with their physicians.

The need for a state emergency care communications system is important. Such a system would involve a central dispatch system and ambulance-hospital connection. Presently, no such system exists.

Another situation that is fast becoming a critical issue is the over-crowding of airways by the gathering of many operators around a small portion of the radio band. ⁴

RECOMMENDATIONS

Emergency medical care communication systems mostly are all local, and thus limited in their ability to react to special demands such as a natural disaster. Generally, communication systems are inadequate to utilize other emergency resources.

To alleviate this problem, cooperation on three levels is needed. There must be cooperative planning between hospitals and ambulance services. Counties themselves must cooperate and plan for the establishment of an emergency communication system. The state must initiate plans and guide the emergency facilities and counties in the whole spectrum of the communications system.

A definite weakness of Montana's communication systems is that no department is responsible for designing an overall communications plan to serve the needs of the state. The Montana State Civil Defense Agency's report, Montana State Agency Telecommunications, 1968, recommends the establishment of a Telecommunications Management Office to oversee communications system control. This office would approve local service and inter-city requests prior to installation, and maintain an evaluation of communication services and costs.

While the above recommendations are quite broad in their perspective, there is one aspect that is readily attainable, and this is the placement of ambulance services and hospitals on common frequencies.

EMERGENCY MEDICAL COMMUNICATIONS PLAN

All Highway Safety Board projects for emergency service require that certain criteria be met. (See Appendix F). It demands that all Emergency Medical Services' projects with communications included must have the following capabilities:

1. All base stations must have the capacity to continuously monitor and transmit on 155.280 mHz. Whenever feasible, one base station in a locale will be located in a twenty-four-hour hospital.
2. All mobile units will have the capacity to transmit on 155.280 mHz.
3. All base and mobile units will have the capacity to function on an adjacent channel.

⁴ Montana State Civil Defense Agency. Montana State Agency Telecommunications. July 1, 1968. p. 12.

In formulating a communications plan for Montana's Emergency Medical Services, the following criteria were taken into consideration:

1. Existing Communications Systems. From the survey, it is evident that most services now operate on 39.82 mHz which is an assigned police frequency. In some areas, this frequency is overcrowded and the ambulance services could be ordered to leave the network.
2. Geography and Economics. If the state requires participation on one designated EMS frequency, it must not cause an undue hardship on existing and future ambulance services. Also recognized is whether this choice of frequency would be effective in Montana's varied and rugged terrain.
3. Availability. The choice of a common frequency would have to be available to all ambulance services.
4. Compatability. Any such communications system would have to be compatible with the existing and future plans of Montana's emergency facilities for the use of communication equipment.
5. Frequencies. A common frequency would have to meet FCC frequency availability requirements. The FCC has established certain basic technical requirements and specifications for radio equipment. The principal criteria is the urgent need to reduce or eliminate harmful interference, and to conserve the use of the radio frequency spectrum as much as possible.
6. Common Need. The need for emergency services to communicate with each other on a common frequency.

From the above considerations, it is important that the State of Montana develop a specific communications plan for its emergency medical services. The Special Emergency Radio Block of frequencies set aside by the FCC is a logical choice. Briefly this Block requires:

1. Certain eligibility requirements, which most ambulance services and hospitals could meet.
2. Because of possible radio interference, the FCC requires that each operator of a station in the Special Emergency Radio Service listen to the licensed frequency of the station before he transmits. Additionally, the licensee will not transmit until there is a reasonable assurance that harmful interference will not be caused to an authorized communication already in progress.

The choice of 155.280 MHz as a state-wide common frequency is suggested for several reasons:

1. It is acceptable to the FCC.
2. It is available to all ambulance services.
3. There is little chance of the frequency being over-crowded.
4. It provides frequencies outside the Special Emergency Radio Service Block.
5. Cost of necessary equipment is reasonable and expansion of the system is easily obtainable.
6. Existing systems will not be disturbed by a shift to a common frequency.
7. It will be acceptable to hospital institutions.
8. It can be tied to the 155.340 MHz frequency for hospitals. The Board of Trustees of the Montana Hospital Association has recommended the use of 155.340 MHz for hospital emergency communication.

In view of the above, it is recommended that 155.280 MHz be adopted for emergency medical communications in Montana.

C. TRAINING

The survey indicated there are 857 personnel affiliated with ambulance services in the State of Montana. Of this number, the majority of ambulance attendants hold Red Cross First Aid Cards - 246 basic and 490 advanced.

Of the total number of personnel, 94.5 percent have some type of training and 5.5 percent are completely untrained.

A large number of ambulance personnel indicated that more involved and professional medical training is needed for both ambulance drivers and attendants. The majority expressed their willingness to participate in advanced training when provided by the State Emergency Medical Services.

TABLE V

Training Levels

	Part-time Personnel	Full-time Personnel	<u>TOTAL</u>	
			Personnel	Percent
Untrained	41	6	47	5.5
Basic	108	138	246	29.0
Advanced	338	152	490	57.1
Adv. - Adv.	59	15	74	8.4
Totals	546	311	857	

RECOMMENDATIONS

The willingness of the ambulance services to involve themselves in advanced training programs is recognized by the state, and a training program to fill this need has been in operation for some time.

In the past, ambulance medical training in Montana has been centered around a standard sixteen-hour course. These programs were composed of Red Cross instruction. Additional instruction was given in legal liability, emergency vehicle operation, coroner cases, cardiopulmonary resuscitation, drugs, and a display and demonstration of ambulance equipment.

These Emergency Care Courses were sponsored by the local physicians, Montana Committee on Trauma of the American College of Surgeons, and the Montana State Department of Health. (See Appendix G). During the past three years, over 400 people have been trained in these courses.

It is recommended that all ambulance personnel have, as a minimum, American Red Cross Advanced training.

Recently, the Emergency Medical Services Program of the State Department of Health has taken an increased interest in the Emergency Medical Technician Course which is recommended by the American College of Surgeons. The Course is designed to give emergency medical service personnel in-depth emergency medical training and experience. The objective of the Course is to present nationally accepted techniques of administering basic medical aid, and transporting of the ill and injured.

Currently, an Emergency Medical Technician Course is being presented at Conrad, Montana. It is one of the first such courses to be taught in the Northwestern United States. Participants from Conrad, Valier, Dutton, Shelby, Cut Bank and Browning are attending this course. For those who will complete the training of 30 lessons, a nationally recognized certificate will be issued through the American College of Surgeons.

D. AMBULANCE EQUIPMENT

The survey showed that the amount of medical equipment carried by the ambulance services varies considerably. Only five services are fully equipped, as recommended by the American College of Surgeons.

TABLE VI

Minimal Equipment List(Recommended by the American College of Surgeons)

Type	Vehicle 1	Services with more than one vehicle		
		Vehicle 2	Vehicle 3	Vehicle 4
Thomas splint	40	5	1	-
Leg splint	45	9	2	1
Arm splint	44	9	2	1
Long backboard	31	8	3	-
Short backboard	28	5	4	-
Oxygen	84	14	7	2
Resuscitation unit	69	10	5	1
Suction apparatus	69	10	3	-
Resuscitation airways	75	12	6	2
Oropharyngeal airways	40	10	5	1
Mouth gags, padded	50	9	6	2
Universal dressing	-	-	-	-
Sterile gauze pads	90	15	5	2
Adhesive tape	89	15	5	2
Roller-type bandages	90	15	6	2
Triangular bandages	81	14	6	2
Safety pins	76	15	6	2
Bandage shears	75	13	6	2
Pillows and blankets	90	16	6	2
Carried in addition to above recommendations:				
Air splints	54	8	6	1
OB kits	9	3	6	-
Fire extinguisher	29	1	-	-
Extraction equipment	26	3	2	1

RECOMMENDATIONS

Each ambulance should carry at least the minimal equipment recommended by the American College of Surgeons. This equipment is available at a minimal cost of \$250. (See Appendix H).

For the immobilization of fractures, splints for the upper and lower extremities should be carried in the ambulance. Triangular bandages for fractures of the shoulder and upper arm should be carried. Short and long backboards also should be on hand for safe extrication, as well as immobilization in case of injuries to the spine.

There should be two oxygen supplies, one portable and one installed, in each ambulance vehicle. The portable unit of 300-liter capacity should be equipped with a yoke, pressure gauge, flowmeter, delivery tube and oxygen mask. The installed unit of at least 3000-liter capacity should also have yokes, reducing valves, flowmeters, humidifiers, delivery tubes and oxygen masks for two patients.

Portable and installed suction equipment should be available in each vehicle. The portable unit should provide vacuum and flow adequate for pharyngeal suction. It should be fitted with large-bore, non-kinking suction tubing and a rigid pharyngeal suction tip. The suction force should be controllable for use on children and incubated patients. The suction yoke, collection bottle and suction tube should easily be accessible to the attendant at the head of the litter.

Artificial-ventilation devices should be available in each vehicle and be portable and independent of the oxygen supply. Two units are desirable, one for use in the ambulance and the other for use outside the ambulance. The artificial-ventilation device should be manually operated. Masks for adults and children should be pre-inflated and transparent and should permit fastening to the patient's face.

Oropharyngeal airways for adults and children should be provided in the ambulance. Airways for mouth-to-mouth ventilation should be available in all sizes.

Mouth gags should be readily accessible for use during convulsions.

Wound dressings should be carried in each ambulance for dressing open wounds and for padding and application of splints. These dressings should include sterile gauze pads of conventional size, multi-width, 5-yard soft roller, and elastic bandages to apply large dressings and to secure pressure dressings to control hemorrhage⁵ and to secure traction of splints. Additional dressing equipment should include adhesive tape, safety pins and bandage shears.

For emergency childbirth, sterile dressings, towels, a sterile kit containing gloves, scissors and umbilical clamps or tape should be carried.

⁵ Application of pressure dressing is the procedure that, whenever possible, should be used for the control of hemorrhage. Inflatable splints have proven effective in controlling hemorrhage below the elbow or knee. If an ambulance should carry tourniquets, strict control in their use should be imposed.

For the prevention and treatment of shock, each ambulance should have available sterile disposable intravenous administration sets and injection kits.

Each ambulance service should provide their vehicles with medical equipment to combat acute poisoning. Such equipment should include activated charcoal, syrup of ipecac, potable water, and equipment for oral administration and skin irrigation. Snakebite kits should be carried in areas where the hazard exists.

Each ambulance service should give consideration to the location of the above mentioned equipment in the ambulance. Those items necessary to handle life-threatening conditions at the scene and in transit should be easily accessible to the attendants. The items necessary for airway care, artificial ventilation, oxygenation and suction should be at the head of the litter. Equipment necessary for cardiac resuscitation, control of external hemorrhage, administration of intravenous agents and the monitoring of blood pressure should be available at the side of the litter.

Equipment and supplies carried by the ambulance should be standardized and durable to the extent that items can be interchanged between ambulances, and between ambulances and hospitals.

Miscellaneous equipment such as towels, tissues, emesis basins, urinals, bed pans, thermometers, stethoscopes, drinking water, disposable cups and sandbags should be carried in each ambulance vehicle.

A variety of security and rescue equipment should be available in each ambulance vehicle to protect both the patients and the ambulance personnel at the scene of an accident. These should include equipment to direct and control traffic, isolate areas, and remove victims from hazardous situations. This equipment should be accessible from the outside of the vehicle. Suggested items include illumination devices, fire extinguishers, prying and cutting tools, long and short backboards, straps and ropes.⁶

E. HOSPITAL EMERGENCY ROOM

The questionnaire used for the survey of hospital emergency rooms is divided into three sections: ambulance units, hospital emergency rooms, and coordination and communication. The emergency rooms also are classified in three types.

⁶Medical Requirements, pp. 14-21 passim.

TABLE VII

Hospitals' Evaluation of Ambulance Services

Question	Yes	%	No	%	Unk.	%	Total
Are the ambulances serving your hospital adequately equipped?	47	88.6	5	9.6	1	1.9	53
Are the personnel adequately trained?	47	88.6	4	7.4	2	3.8	53
Are the ambulances cooperative?	53	100.0	0		0		53
Are the ambulances aware of your admittance policies?	52	98.1	1	1.9	0		53
Do the ambulances communicate with you before arrival?	50	94.4	2	3.8	1	1.9	53
Are the ambulance units available 24 hours a day?	53	100.0	0		0		53
Are they clean and sanitary?	52	98.1	0		1	1.9	53
Have you ever seen poor physical handling/administration of first aid by ambulance personnel?	5	9.4	48	90.6	0		53
Suggestions to improve ambulance service?	13	24.5	40	75.5	0		53
Have suggestions been presented to authorities?	10	18.9	35	66.0	8	15.1	53
Do ambulances know conditions under which you accept patients? ...	49	92.5	3	5.7	1	1.9	53

TABLE VIII

Hospital Emergency Rooms

Question	Yes	%	No	%	Unk.	%	Total
Is emergency room open 24 hours each day?	53	100.0	0		0		53
under single director?	28	52.8	22	41.5	3	5.7	53
on departmental status?	18	34.0	31	58.5	4	7.5	53
making a profit?	9	17.0	40	75.5	4	7.5	53
Estimated percent of collection?	See Distribution Table IX						
Written standard operating procedures	43	81.1	9	17.0	1	1.9	53
Procedures:							
Physician available 24 hours each day?	46	86.8	7	13.2	0		53
Operating procedures posted?	36	67.9	15	28.3	2	3.8	53
Provisions for added help if needed?	52	98.1	1	1.9	0		53
Obtain physician with 15 minutes of arrival of patient?	50	94.3	2	3.8	1	1.9	53
Accept all emergency patients?	51	96.2	2	3.8	0		53
Have x-ray facilities 24 hours each day?	53	100.0	0		0		53
Have laboratory facilities 24 hours each day?	53	100.0	0		0		53
Percent cases - emergency?	See Distribution Table IX						
Cases per month?	See Distribution Table IX						
Location and telephone number of Poison Control Center?	45	84.9	7	13.2	1	1.9	53
Is that telephone number posted?	40	75.5	12	22.6	1	1.9	53

TABLE IX

Distribution of Emergency Cases and Collections

Estimated Percent of Collection		Cases per Month		Percent of Cases That Are Emergency	
Number	Percent	Number Cases	Number Hospitals	Number	Percent
0	0 - 9	0 - 99	26	3	0 - 9
0	10 - 19	100 - 199	9	3	10 - 19
0	20 - 29	200 - 299	6	2	20 - 29
1	30 - 39	300 - 399	0	4	30 - 39
2	40 - 49	400 - 499	2	6	40 - 49
8	50 - 59	500 - 599	2	17	50 - 59
4	60 - 69	600 - 699	0	2	60 - 69
9	70 - 79	700 - 799	3	4	70 - 79
7	80 - 89	800 - 899	0	2	80 - 89
7	90 - 99	900 - 999	1	6	90 - 99
<u>15</u>	No answer	No answer	<u>4</u>	<u>4</u>	No answer
53			53	53	

TABLE X

Hospital Coordination and Communication

Question	Yes	%	No	%	Unk.	%	Total
Does emergency room have disaster plan?	40	75.5	9	7.0	4	7.5	53
Did last trial run involve ambulances?	19	35.8	23	43.4	11	20.7	53
Is disaster plan available to ambulance personnel?	37	69.8	12	22.6	4	7.5	53
Is disaster plan posted in emergency room?	18	34.0	30	56.1	7	13.2	53
Is hospital equipped with radio communications to:							
Physicians?	5	9.4	47	88.7	1	1.9	53
Ambulances?	10	18.9	42	79.2	1	1.9	53
Law Enforcement?	9	17.0	42	79.2	2	3.8	53
Other?	0	0	0	0	0	0	

TABLE XI

Type of Emergency Room (by category*)

<u>Type 1</u>		<u>Type 2</u>		<u>Type 3</u>	
Advanced First Aid Facility		Limited Emergency Facility		Major Emergency Facility	
<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
6	11.3	41	77.4	3	5.7

* These categories are from the Federal Highway Administration Manual.

Fifty-three of Montana's 69 hospitals were included in the survey. A number of hospitals, such as those located at the Montana State Prison, Boulder River School and Hospital, and Shodair Crippled Children's Hospital, were omitted from the survey because they ordinarily do not handle emergency cases. The State of Montana has 63 hospitals capable of administering emergency medical care.

The monthly average of patient visits to emergency rooms ranges from 5 cases to more than 950. Forty-nine percent of the hospitals have 100 or less emergency room visits per month, and 50 percent of these visits are considered emergencies. Twenty-seven percent of the hospitals report their emergency rooms are financially self-supporting.

Operationally, the emergency room is presented as a community service by both private and public hospitals. The majority of hospitals indicate their emergency rooms are not self-supporting, even when assisted by county and welfare funds. Many hospitals' financial difficulties are increased by their inability to collect fees from non-resident patients who are treated in the emergency rooms.

Occasionally, there are complaints of delays in emergency service and this is usually blamed on the ambulance service. The hospital emergency rooms, however, must shoulder part of the blame. There are times when the physicians are not available, when the ambulance personnel are unable to pick up their equipment, and when the hospital refuses to accept a patient.

Eighty-one percent of the hospitals stated the ambulance personnel operating through their emergency rooms are adequately trained and cooperative with the emergency room staff. Over 96 percent of the hospitals indicated the ambulance personnel operating through their emergency rooms are aware of the hospitals' admittance policies.

Reports of poor physical handling or incompetent administration of first aid by ambulance personnel are rare. Only four hospitals reported such incidents.

Almost all of the emergency rooms surveyed in the State of Montana are open 24 hours a day (98.1 percent). Two hospitals refuse to accept all emergency patients. Almost half of the emergency rooms are under a single director. Approximately 81 percent of the hospitals have written standard operating procedures as well as written procedures to guarantee the availability of a physician at the time of an emergency. Only one hospital indicated it had no provisions for additional physicians, if needed. All of the hospitals surveyed have both x-ray and laboratory facilities available 24 hours a day.

Less than 40 percent of the hospitals surveyed indicated they included the local ambulance services in the hospital disaster drills. Only 78 percent of the hospitals surveyed have disaster plans, and of that number, 34 percent have such plans posted in their emergency rooms.

Ten of the hospitals surveyed have direct two-way radio communications with local ambulance services. The majority of hospitals communicate with the ambulances indirectly - the ambulances contact law enforcement agencies by radio, who in turn contact the hospital emergency room by standard telephone. Such a system can delay and distort vital information. The majority of the hospitals, however, stated that their communications with the local ambulance services are adequate.

RECOMMENDATIONS

Procedures: Standard operating procedures for emergency cases should be developed within each hospital, and these procedures should be written and immediately available within the emergency room for quick reference by all personnel.

Disaster plans should be developed or reviewed to guarantee that the hospital facilities are realistically assigned. There should be periodic disaster mock trials and such trials should involve all emergency facilities within a community.

Signs: Fifty-two ambulance services surveyed considered hospital location signs to be inadequate. There should be improvement in the type and place of posting of directional signs for the hospitals. The signs should be standardized. This would ensure that the hospital could be reached without delay.

Communications: The majority of hospitals surveyed are without two-way radio communications. At present, they rely on standard telephones for emergency communications. It is recommended that direct radio communications be established between each hospital and other emergency facilities within a community, especially the ambulance services and law enforcement agencies. The Board of Trustees of the Montana Hospital Association has recommended that the set frequency for hospitals be 155.340 mHz.

PRIORITIES

To assist in establishing priorities of emergency medical services, a questionnaire was sent to all ambulance services personnel in the state. (See Appendix E.) It requested that eight areas of interest be ranked in order of importance. As a result of this, the ambulance service operators listed the following priorities:

1. Communications equipment
2. Ambulance equipment (minimal equipment)
3. Financial aid or subsidization
4. Driver training (emergency)
5. Some legislation requiring minimum equipment and training
6. Replacement or acquisition of ambulances
7. Advanced emergency medical training (cardiopulmonary resuscitation, drug administration, etc.)
8. Technical or advanced equipment (heart-lung resuscitation, etc.)

The following priorities are a combined result of the survey and the above rating and they will be the principal area of concern for the Emergency Medical Services Program in Montana.

1. Legislation: The Emergency Medical Services Program will continue to advocate legislation that will provide standards for minimal training and equipment.
2. Training: The Emergency Medical Services Program will persist in recommending Advanced American Red Cross training for all ambulance personnel.
3. Communications: The Emergency Medical Services Program will endeavor to establish two-way radio communications in all ambulances, and organize radio communication links between all ambulance services and hospital emergency rooms. The installation of a common radio frequency for all ambulance services will be supported by the Emergency Medical Services Program.
4. Minimal Ambulance Equipment: The Emergency Medical Services Program will encourage the acquisition of minimal ambulance equipment as recommended by the American College of Surgeons.
5. Vehicle - Placement/Replacement: At present, the requests for financial assistance for placement/replacement of emergency vehicles far exceeds the available funds. The Emergency Medical Services Program will continue to fund top priority projects as the budget allows.
6. Advanced Medical Training: The Emergency Medical Technician Course will continually be organized and supported by the Emergency Medical Services Program.
7. Advanced Medical Equipment: The Emergency Medical Services Program will continue to encourage the acquisition of advanced emergency medical equipment to provide high-quality ambulance service.

A P P E N D I C E S

A. DIRECTORIES

1. Ambulance Services
2. Licensed Hospitals
3. Ambulance Service by Area, Population and Service Ratios (by county)

1. DIRECTORY OF MONTANA AMBULANCE SERVICES

August 1970

- Absarokee Rural Fire Department
and Ambulance
Mr. Borland
P. O. Box 302
Absarokee, Montana 59001
Telephone: 328-3891
- Anaconda Police Ambulance
Eugene F. Thomson, Sheriff
Deer Lodge County Courthouse
Anaconda, Montana 59711
Telephone: 563-3434
- G & G Ambulance Service
Mr. E. L. Glass
Box 781
Baker, Montana 59313
Telephone: 778-2001
- Big Sandy Volunteer Fire Department
and Ambulance Service
Mr. Lou Lawrence
Big Sandy, Montana 59520
Telephone: 378-2100
- Lowry Funeral Home
Mr. Dean Lowry
Big Timber, Montana 59011
Telephone: 932-2153
- Billings Ambulance Service
Mr. Richard Taylor
2025 - 8th Avenue North
Billings, Montana 59101
Telephone: 259-6713
- Jefferson County Ambulance Service
c/o City Clerk
Boulder, Montana 59632
Telephone: 225-3252
- City Taxi and Ambulance Service, Inc.
Mr. Leroy More
34 S. Willson Avenue
Bozeman, Montana 59715
Telephone: 586-5961
- Clarks Fork Valley Ambulance Service
Mr. Clyde Drain
Bridger, Montana 59014
Telephone: 662-3333
- Jesse Ambulance Service
c/o Mr. Ken Jesse
Broadus, Montana 59317
Telephone: 436-2225
- Browning Ambulance Service
c/o Mr. Jim Fisher
Browning, Montana 59417
Telephone: 338-4555
- A-1 Ambulance Service
Mr. Joe Harkins
437 South Crystal
Butte, Montana 59701
Telephone: 723-3132
- Treasure State Ambulance Service
Mr. Larry Freyler
1819 Florida
Butte, Montana 59701
Telephone: 792-5565
- Chester Volunteer Fire Department
and Ambulance Service
Mr. Wilbur J. Eveland
Chester, Montana 59522
Telephone: 334-2161
- Blaine County Ambulance Service
Mr. R. T. Simpson
County Courthouse
Chinook, Montana 59523
Telephone: 357-2729
- Choteau City Ambulance
Morris Black, Chief
Choteau Police Department
Choteau, Montana 59422
Telephone: 466-2812
- McCone Ambulance Association
Mr. Schara
Circle, Montana 59215
Telephone: 485-3405 or
485-2515
- Columbia Falls Ambulance Association
Mr. Don Anderson
Columbia Falls, Montana 59912
Telephone: 892-3234

Columbus J.C. Ambulance Service
Dale Williams
Box 802
Columbus, Montana 59019
Telephone: 322-5316

Pondera County Ambulance Service
Mr. Pat Wyse
Conrad, Montana 59425
Telephone:
Emergency: 278-5500
Business: 278-3000

Crow Indian Agency
Mr. H. A. Bucher
Division of Indian Health Hospital
Crow Agency, Montana 59022
Telephone: 638-2626

Culbertson City Ambulance
Mr. Walter Sheldon
Culbertson, Montana 59218
Telephone: 787-6654 or
787-6621

Glacier County Memorial Hospital
J. T. Richardson, Administrator
Cut Bank, Montana 59427
Telephone: 938-2251

Darby Volunteer Fire Department
and Ambulance Service
Mr. Lawrence Evers
Darby, Montana 59829
Telephone: 821-3655

Powell County Ambulance Service
Mr. Leonard Beck
Beck Funeral Home
Deer Lodge, Montana 59722
Telephone: 846-1777

Denton Ambulance Service
Mr. Gene Couch
Denton, Montana 59430
Telephone: 567-2242

Beaverhead Ambulance Company, Inc.
Mr. Don Pace
213 East Chapman
Dillon, Montana 59725
Telephone: 683-2334

Drummond Ambulance Service
Mr. Joe Rennie, Jr.
Drummond, Montana 59832
Telephone: 288-3488

Dahl Memorial Hospital
Duane Beckland, Administrator
P. O. Box 46
Ekalaka, Montana 59324
Telephone: 775-3111

Lincoln County Sheriff's Posse
Mr. John Ellingson
Eureka, Montana 59917
Telephone: 296-2121

Fairfield City Ambulance
P. O. Box 333
Fairfield, Montana 59436
Telephone: 467-2230 or
467-2753 (mobile phone)

Beals Funeral Home
Mr. W. E. Beals
1055 Main
Forsyth, Montana 59327
Telephone: 356-2418

Memorial Ambulance Service
Mr. Dale Ronig
Fort Benton, Montana 59442
Telephone: 622-3211

Glasgow Ambulance Service
Mr. Tommy Rodgers
U. S. #2
Glasgow, Montana 59230
Telephone: 228-2792 or
228-2474 or 228-8562

Glendive Fire Department and Ambulance
Mr. P. Auble
City Hall
Glendive, Montana 59330
Telephone: 911-2364 or 365-2361

Lee Ambulance Service
Mr. Julian Lee
1516 - 15th Street South
Great Falls, Montana 59401
Telephone: 761-6568

Ravalli County Ambulance Service
Ravalli County Sheriff
County Courthouse
Hamilton, Montana 59840
Telephone: 363-3033

Bullis Mortuary
Mr. Everett Bullis
507 N. Center Avenue
Hardin, Montana 59034
Telephone: 665-1207

Harlem Ambulance Service
U. S. Public Health Service
Mr. Raymond Beach
Harlem, Montana 59526
Telephone: 353-2278

Perkins Funeral Home
Mr. M. J. Wetzel
414 - 1st Street South
Harlowton, Montana 59036
Telephone: 632-5833

Harrison Ambulance Service
Mr. W. Norton Wade
Harrison, Montana 59735
Telephone: 685-3421

Havre Fire Department and
Ambulance Service
City Hall
Havre, Montana 59501
Telephone: 265-4362

Sheldon Ambulance Service
Mr. Ray Sheldon
327 North Rodney
Helena, Montana 59601
Telephone: 442-5340

Hobson Volunteer Fire Department &
Ambulance Service
c/o Mr. Clyde Gore
Hobson, Montana 59452
Telephone: 423-5411

Joliet Ambulance Service
c/o Stevens Insurance Agency
Box C
Joliet, Montana 59041
Telephone: 962-3483

Jordan Ambulance Service
Jordan, Montana 59337
Telephone: 435-2650

Kalispell Fire Department &
Ambulance Service
Charles Tillson, Chief
Kalispell Fire Department
Kalispell, Montana 59901
Telephone: 862-2541

Lewistown Police Department
City Hall
Lewistown, Montana 59457
Telephone: 538-3413 or
538-3411

Libby Ambulance Service
John D. Fisher
Sheriff's Office
Libby, Montana 59923
Telephone: 293-4112

Lima Rural Fire Department Ambulance
c/o Mr. Ivan Pope
Lima, Montana 59739
Telephone: 276-3500

Lincoln Community Ambulance Service
c/o Mr. Don Wildon
Lincoln, Montana 59639
Telephone: 362-9461

Franz Mortuary and Ambulance Service
c/o Mr. Robert Franz
118 North Third
Livingston, Montana 59047
Telephone: 222-2531

Lowry Funeral Home
c/o Mr. Chuck Nicholson
302 South Main
Livingston, Montana 59047
Telephone: 222-2911

Lodge Grass Volunteer Fire Department
c/o Mr. George Lix, Sr.
Lodge Grass, Montana 59050
Telephone: 639-2022

Phillips County Ambulance
c/o Mr. Gary Adams
Malta, Montana 59538
Telephone: 654-1211

Miles City Fire Department
Don Addington, Chief
City Hall
Miles City, Montana 59301
Telephone: 232-3411

Veterans' Administration Hospital
Mr. Olson (Chief of Engineering)
210 South Winchester
Miles City, Montana 59301
Telephone: 232-3060

Arrow Ambulance Service
c/o Mr. Elmer Harrigen
Box 434
Missoula, Montana 59801
Telephone: 549-2321

Three A Services
c/o Mr. Derik Ellinghouse
South 4th Street West & Orange
Missoula, Montana 59801
Telephone: 543-5111

Opportunity Volunteer Fire Department
and Ambulance Service
c/o Mr. Jim Rouse or
Mr. Wilmer Fewins
Opportunity, Montana 59711
Telephone: 797-3232

Granite County Ambulance Service
c/o County Commissioners
Phillipsburg, Montana 59858
Telephone: 859-3511

Plains Ambulance Service
c/o Mr. Clinton O. Spindler
P. O. Box 115
Plains, Montana 59859

Community Ambulance Service
Association
c/o Mr. Robert Detinne
Sheridan Memorial Hospital
Plentywood, Montana 59254
Telephone: 765-1420

Nobles Ambulance Service
c/o Mr. Laurence Nobles
Polson, Montana 59860
Telephone: 883-4397

Poplar City Ambulance
c/o Mr. Florn Martin
Poplar, Montana 59255
Telephone: 768-3211

Red Lodge Fire Department and Ambulance
John A. Beitel, Chief
Red Lodge, Montana 59068
Telephone: 446-1212

Richey Volunteer Fire Department
and Ambulance
c/o Mr. Jim Raisl
Richey, Montana 59259
Telephone: 773-2180

Ronan Ambulance Service
c/o Mr. Pat Harbin
P. O. Box 594
Ronan, Montana 59864
Telephone: 676-4235

Roberts Funeral Home
c/o Mr. Faye Roberts
Roundup, Montana 59072
Telephone: 323-1601

Wier Funeral Home
208 1st West
Roundup, Montana 59072
Telephone: 323-2604

V.F.W. Ambulance Service
c/o Mrs. Gertrude Aspevig, Secretary
Rudyard, Montana 59540
Telephone: 355-2100

Fearon Funeral Home
c/o Mr. Joe Fearon
St. Ignatius, Montana 59865
Telephone: 745-2121

Daniels County Ambulance Service
c/o County Sheriff
County Courthouse
Scobey, Montana 59263
Telephone: 487-2691 or 487-2771

Seeley Lake Volunteer Ambulance
c/o Mr. Jim Sullivan
Seeley Lake, Montana 59868
Telephone: 677-2228

Shelby Ambulance Service
c/o Mr. Oscar Neva
657 North Benton
Shelby, Montana 59474
Telephone: 434-2122

Richland County Ambulance Service
c/o Mr. C. Gregg McKown
Sidney, Montana 59270
Telephone: 482-2210

Judith Basin Ambulance Service
c/o Charles A. Loberg, Sheriff
County Courthouse
Stanford, Montana 59479
Telephone: 566-2212

Whitesitt Funeral Home
c/o Mr. Harold Whitesitt
Stevensville, Montana 59870
Telephone: 777-5711

Sunburst Ambulance Service
c/o Mr. Paul Nichols
Sunburst, Montana 59482
Telephone: 937-2141

Superior Volunteer Fire
Department and Ambulance Service
c/o Walt Robb, Secretary
Superior, Montana 59872
Telephone: 822-4422

Terry Ambulance Service
Mr. Lyman Trask
Terry, Montana 59349
Telephone: 637-5553

Sanders County Ambulance Service
c/o Mr. Mark Marich
Sheriff's Office
Thompson Falls, Montana 59873
Telephone: 827-3331

K & L Mortuaries, Inc.
c/o Mr. Joseph Ludts
Three Forks, Montana 59752
Telephone: 285-3341

Broadwater County Ambulance Service
c/o Malcolm Henry, Sheriff
Townsend, Montana 59644
Telephone: 266-3441

Troy Ambulance Service
c/o Mr. Lon Chapel
Troy, Montana 59935
Telephone: 295-4411

Valier Ambulance Service
c/o Mr. Tom Gibson
Valier, Montana 59486
Telephone: 279-3213

Victor Volunteer Fire Department
and Ambulance Service
c/o Mr. William Martin
Victor, Montana 59875
Telephone: 642-3436

K & L Mortuaries, Inc.
c/o Mr. Harlow Kneeland
Virginia City, Montana 59755
Telephone: 843-5331

West Yellowstone Ambulance Service
c/o Mr. Robert Leithead
West Yellowstone, Montana 59758
Telephone: 646-7511

Whitefish Volunteer Fire Department
and Ambulance Service
c/o City Clerk
City Hall
Whitefish, Montana 59937
Telephone: 862-2541

Whitehall Ambulance Service
c/o Mrs. Lou Hickson
Whitehall, Montana 59759
Telephone: 287-3555

Meagher County Ambulance Service
c/o Mr. Kenneth Twichel
White Sulphur Springs, Montana 59645
Telephone: 547-3407

Wibaux Volunteer Ambulance Service
c/o Mr. Paulson
Wibaux, Montana 59353
Telephone: 795-2222

Petroleum County Ambulance Service
c/o Mr. C. Poulon
Winnett, Montana 59087
Telephone: 429-3305

Wolf Point Ambulance Service
Mr. Aldon Lee
P. O. Box 248
Wolf Point, Montana 59201
Telephone: 653-1234

Worden Volunteer Fire Department
and Ambulance
c/o Mr. Krumb
Worden, Montana 59088
Telephone: 267-2111

2. LICENSED HOSPITALS IN THE STATE OF MONTANA

November 1970

Community Hospital of Anaconda
Mr. Warren Croston, Adm.
600 Oak Street
Anaconda, Montana 59711
Telephone: 563-5262

Fallon Memorial Hospital
Mrs. Margaret A. Jensen, R.N., Adm.
Box 820
320 West Hospital Drive
Baker, Montana 59313
Telephone: 778-3331

Big Sandy Medical Center
Mr. David Sande, Adm.
P. O. Box 530
Big Sandy, Montana 59520
Telephone: 378-2381

Sweet Grass Community Hospital
Miss Lois K. Williams, R.N., Adm.
West Fifth Street
Big Timber, Montana 59011
Telephone: 932-2132

Billings Deaconess Hospital
Mr. Robert D. Howe, Adm.
2813 Ninth Avenue North
P. O. Box 2547
Billings, Montana 59103
Telephone: 259-5551

St. Vincent's Hospital
Sister Alice Marie, Adm.
P. O. Box 1543
2915 - 12th Avenue North
Billings, Montana 59103
Telephone: 252-2121

Boulder River School and Hospital
Mr. Robert Perry, Adm.
Box 87
Boulder, Montana 59632
Telephone: 225-3311, Ext. 21

Bozeman Deaconess Hospital
Mr. Donald L. Lee, Adm.
15 West Lamme
Bozeman, Montana 59715
Telephone: 586-5431

Montana State University
Student Health Service
Dr. Edward J. Purdey, Adm.
Bozeman, Montana 59715
Telephone: 586-6010

St. James Community Hospital
Sister Mary Canjar
400 South Clark Street
Butte, Montana 59701
Telephone: 792-8361

Silver Bow General Hospital
Mr. John A. Delaney, Adm.
Continental Drive
Butte, Montana 59701
Telephone: 792-9176

Liberty County Hospital
Mr. Roy R. Wodarz, Adm.
Chester, Montana 59522
Telephone: 334-2161

Teton Memorial Hospital
Mr. James E. Humble, Adm.
P. O. Box 820
Choteau, Montana 59422
Telephone: 466-2400

McCone County Hospital
Mrs. Cloe E. Idland, R.N., Adm.
Box 195
Circle, Montana 59215
Telephone: 485-2445

Stillwater Community Hospital
Mr. William S. Paterson, Adm.
44 West Fourth Street
Columbus, Montana 59019
Telephone: 322-5316

Pondera County Hospital
Sister Eumelia, R.N., Adm.
P. O. Box 757
Conrad, Montana 59425
Telephone: 278-3211

Roosevelt Memorial Hospital
Mr. Gene C. McCracken, Adm.
P. O. Box 473
Culbertson, Montana 59218
Telephone: 787-6621

Glacier County Memorial Hospital
Mr. Clarence Peterson, Adm.
706 Second Street Southeast
Cut Bank, Montana 59427
Telephone: 938-2251

Montana State Prison Infirmary
Mr. Elmer Erickson, Adm.
Deer Lodge, Montana 59722
Telephone: 846-1320

Powell County Memorial Hospital
Mr. Harold B. Viestenz, Adm.
1110 Texas Avenue
Deer Lodge, Montana 59722
Telephone: 846-2212

Barrett Hospital
Mr. Edwin V. Richards, Adm.
P. O. Box 1144
Dillon, Montana 59725
Telephone: 683-2324

Dahl Memorial Hospital
Mr. Duane Beckland, Adm.
P. O. Box 46
Ekalaka, Montana 59324
Telephone: 775-3321

Madison Valley Hospital
Mr. Phil Loucks, Adm.
Ennis, Montana 59729
Telephone: 682-4222

Rosebud Community Hospital
Mr. James Leidholt, Adm.
Forsyth, Montana 59327
Telephone: 356-2161

St. Clare Hospital
Sister Suzanne Corriveau, Adm.
1512 St. Charles Avenue
Fort Benton, Montana 59442
Telephone: 622-3331

Galen State Hospital
Kenneth A. Tyler, M.D., Supt.
Everett E. Logan, Adm.
R.F.D. No. 1
Galen, Montana 59722
Telephone: 693-2281

Frances Mahon Deaconess Hospital
Mr. Ernest R. Logan, Adm.
621 Second Street South
P. O. Box 928
Glasgow, Montana 59230
Telephone: 228-4351

Glendive Community Hospital
Mr. Phillip M. Auble, Adm.
Ames and Prospect
Glendive, Montana 59330
Telephone: 365-3306

Cascade County Convalescent Hospital
Mr. C. J. Schrader, Adm.
1130 - 17th Avenue South
Great Falls, Montana 59401
Telephone: 761-6700

Columbus Hospital
Mr. Thomas Underriner, Adm.
1601 Second Avenue North
Great Falls, Montana 59401
Telephone: 453-3231

Montana Deaconess Hospital
Mr. Fred K. Holbrook, Adm.
1101 - 26th Street South
Great Falls, Montana 59401
Telephone: 761-1200

Marcus Daly Memorial Hospital
Mr. Richard C. Atkins, Adm.
211 South Fourth Street
P. O. Box 709
Hamilton, Montana 59840
Telephone: 363-2211

Big Horn County Memorial Hospital
Mr. Thomas L. Sylvester, Adm.
17 North Miles
Hardin, Montana 59034
Telephone: 665-2310

Wheatland Memorial Hospital
Mr. Robert Holmes, Adm.
530 Third Street, N.W.
Harlowton, Montana 59036
Telephone: 632-4351

Northern Montana Hospital
Mr. A. H. Moeller, Adm.
P. O. Box 1231
Havre, Montana 59501
Telephone: 265-2211

St. John's Hospital
Sister Macrina, R.N., Adm.
25 South Ewing
Helena, Montana 59601
Telephone: 442-1210

St. Peter's Hospital
Mr. Gerald Leavitt, Adm.
2475 Broadway
Helena, Montana 59601
Telephone: 442-2480

Shodair Crippled Children's Hospital
Mr. Russell Steen, Adm.
840 Helena Avenue
Box 1715
Helena, Montana 59601
Telephone: 442-1980

Sanders County General Hospital
Mr. William A. Steckel, Adm.
Hot Springs, Montana 59845
Telephone: 741-2333

Garfield County Hospital
Mrs. Patricia Harbaugh, R.N., Adm.
Jordan, Montana 59337
Telephone: 435-2395

Kalispell General Hospital
Mr. Alex S. McAllister, Adm.
723 Fifth Avenue East
Kalispell, Montana 59901
Telephone: 756-9081

Central Montana Hospital
Mr. James R. Adams, Adm.
211 South High Street
Lewistown, Montana 59457
Telephone: 538-5461

St. John's Lutheran Hospital
Mr. Robert L. Aronson, Adm.
350 Louisiana Avenue
Libby, Montana 59923
Telephone: 293-4186

Livingston Memorial Hospital
Miss Louise E. Cooper, R.N., Adm.
504 South 13th Street
P. O. Box 515
Livingston, Montana 59047
Telephone: 222-3541

Malta Hospital
Mr. Elmer Hendrickson, Adm.
417 South Fourth East
Malta, Montana 59538
Telephone: 654-1100

Holy Rosary Hospital
Mr. Frank Stewart, Adm.
2101 Clark Street
Miles City, Montana 59301
Telephone: 232-2540

Missoula Community Hospital
Mr. V. R. Powers, Adm.
307 East Main
Missoula, Montana 59801
Telephone: 542-2143

Missoula General Hospital
Mr. D. A. Wanberg, Adm.
300 North Second
Missoula, Montana 59801
Telephone: 542-2191

St. Patrick Hospital
Mr. Arthur V. Crandall, Adm.
500 West Broadway
Missoula, Montana 59801
Telephone: 543-7271

University of Montana Health Service
Robert B. Curry, M.D., Adm.
634 Eddy Avenue
Missoula, Montana 59801
Telephone: 549-7626

Granite County Memorial Hospital
Mrs. Doris Kempfer, R.N., Adm.
P. O. Box 580
Philipsburg, Montana 59858
Telephone: 859-3271

Sheridan Memorial Hospital
Mrs. Beryl McLean, R.N., Adm.
Plentywood, Montana 59254
Telephone: 765-1420

St. Joseph Hospital
Sister C. Donovan, Adm.
P. O. Box 1010
Skyline Drive
Polson, Montana 59860
Telephone: 883-5377

Poplar Community Hospital
Mr. Lester Anderson, Adm.
Poplar, Montana 59255
Telephone: 768-3452

Carbon County Memorial Hospital
Mr. Frank J. Hilzinger, Adm.
Red Lodge, Montana 59068
Telephone: 446-2345

St. Luke Community Hospital
Mrs. Frank Mager, R.N., Adm.
P. O. Box J
901 - 26th Street
Ronan, Montana 59864
Telephone: 676-4441

Roundup Memorial Hospital
Mrs. Norma Nason, R.N., Adm.
1202 Third Street West
Roundup, Montana 59072
Telephone: 323-2302

Holy Family Hospital
Sister Davenport, Adm.
St. Ignatius, Montana 59865
Telephone: 745-2781

Daniels Memorial Hospital
Mr. Alden Way, Adm.
Scobey, Montana 59263
Telephone: 487-5931

Toole County Hospital
Mr. Levi Taft, Adm.
112 First Street South
Shelby, Montana 59474
Telephone: 434-5536

Ruby Valley Hospital
Mr. A. C. Smith, Adm.
P. O. Box 336
Sheridan, Montana 59749
Telephone: 842-5778

Community Memorial Hospital
Mr. C. Gregg McKown, Adm.
221 Fifth Southwest
Sidney, Montana 59270
Telephone: 482-2120

Mineral Hospital
Mr. Paul J. Heaney, Adm.
P. O. Box 116
Superior, Montana 59872
Telephone: 822-4511

Prairie Community Hospital
Mr. Harry B. Lee, Adm.
Terry, Montana 59349
Telephone: 637-5511

Broadwater Hospital
Mr. C. T. Holland, Adm.
Oak Street
Townsend, Montana 59644
Telephone: 266-3411

Warm Springs State Hospital
Stanley J. Rogers, M.D., Adm.
Warm Springs, Montana 59756
Telephone: 693-2221

North Valley Hospital
Mrs. Olga S. Torgerson, Adm.
P. O. Box 68
Sixth and Park
Whitefish, Montana 59937
Telephone: 862-2501

Mountainview Memorial Hospital
Mrs. Joyce Denton, Adm.
Box 481
White Sulphur Springs, Montana 59645
Telephone: 547-3321

Trinity Hospital
Mr. Ralph V. Johnson, Adm.
K Street Between 3rd & 4th Avenue
Wolf Point, Montana 59201
Telephone: 653-2100

3. AMBULANCE SERVICE BY AREA, POPULATION
AND SERVICE RATIOS (BY COUNTY)

August 1970

County	Pop/mi ²	Land Area/mi ²	1970 Preliminary Population	No. Ambulance Services	Amb.Serv. mi ²	Population Amb. Serv.
Beaverhead	1.4	5,556	8,048	2	2,778	4,024
Big Horn	2.0	5,033	10,024	3	1,677	3,341
Blaine	1.6	4,267	6,666	2	2,133	3,333
Broadwater	2.1	1,198	2,523	1	1,198	2,523
Carbon	3.4	2,070	6,995	3	690	2,331
Carter	0.6	3,313	1,918	1	3,313	1,918
Cascade	30.0	2,659	79,743	1	2,659	79,743
Chouteau	1.6	3,920	6,171	2	1,960	3,085
Custer	3.2	3,765	12,004	2	1,882	6,002
Daniels	2.0	1,443	2,864	1	1,443	2,864
Dawson	4.7	2,358	11,027	2	1,179	5,513
Deer Lodge	20.9	738	15,459	2	369	7,729
Fallon	2.4	1,633	3,970	1	1,633	3,970
Fergus	2.9	4,244	12,181	2	2,122	6,090
Flathead	7.6	5,140	38,892	3	1,713	12,964
Gallatin	12.6	2,517	31,697	3	839	10,566
Garfield	0.4	4,595	1,714	1	4,595	1,714
Glacier	3.5	2,974	10,495	2	1,487	5,248
Golden Valley	0.8	1,178	906	None		
Granite	1.5	1,733	2,659	2	866	1,329
Hill	5.8	2,926	16,920	2	1,463	8,460
Jefferson	3.0	1,651	5,018	2	825	2,509
Judith Basin	1.4	1,880	2,588	2	940	1,294
Lake	9.5	1,500	14,183	3	500	4,727
Lewis & Clark	9.5	3,466	32,949	2	1,733	16,474
Liberty	1.6	1,439	2,290	1	1,439	2,290
Lincoln	4.9	3,715	18,381	3	1,238	6,127
McCone	1.1	2,594	2,799	1	2,594	2,799
Madison	1.3	3,530	4,677	2	1,765	2,338
Meagher	0.9	2,354	2,016	1	2,354	2,016
Mineral	2.3	1,223	2,867	1	1,223	2,867
Missoula	22.3	2,613	58,157	3	871	19,385
Musselshell	1.9	1,886	3,638	2	943	1,819
Park	4.1	2,627	10,894	2	1,313	5,447
Petroleum	0.4	1,650	655	1	1,650	655
Phillips	1.0	5,228	5,224	1	5,228	5,224
Pondera	4.0	1,643	6,499	2	821	3,249
Powder River	0.9	3,285	2,832	1	3,285	2,832
Powell	2.8	2,337	6,479	1	2,337	6,479
Prairie	1.0	1,727	1,769	1	1,727	1,769
Ravalli	6.0	2,384	14,216	4	596	3,554
Richland	4.6	2,065	9,600	1	2,065	9,600
Roosevelt	4.3	2,385	10,243	3	795	3,414
Rosebud	1.1	5,032	5,704	1	5,032	5,704
Sanders	2.5	2,799	6,923	2	1,399	3,461
Sheridan	3.3	1,700	5,575	1	1,700	5,575
Silver Bow	58.2	716	41,656	2	358	20,828
Stillwater	2.5	1,797	4,507	2	898	2,253
Sweet Grass	1.6	1,846	2,862	1	1,846	2,862
Teton	2.6	2,294	6,053	2	1,147	3,026
Toole	3.0	1,950	5,815	2	975	2,907
Treasure	1.0	984	1,022	None		
Valley	2.2	4,961	11,038	1	4,961	11,038
Wheatland	1.8	1,422	2,539	1	1,422	2,539
Wibaux	1.6	889	1,416	1	889	1,416
Yellowstone	32.7	2,635	86,109	2	1,317	43,054
Total	4.7	145,467	682,069	96	1,515	7,105

B. OTHER EMERGENCY SERVICES

1. Air Ambulances
2. Search and Rescue
3. Civil Air Patrol

1. AIR AMBULANCES

Because of the remoteness of many of Montana's communities and the scarcity of hospitals, air ambulance services are being increasingly used. Currently, there are 27 air ambulance services. We were able to locate these services by using the telephone directory.

Seventy-three fixed winged aircraft are available for air ambulance service. They are capable of carrying a total of 151 stretcher patients. The number of trips per year ranges from 2 - 80.

All but two of the services carry oxygen equipment. The operators indicated they would equip their ambulance with any available equipment the patient requires. Fifteen services routinely include a nurse or attendant on trips. The remainder of the services carry a nurse or physician only if the patient's condition requires it.

Operators of air ambulance services indicated the majority of their ambulance calls are routine transfers. Situations in which air transportation is used for emergency cases are rare.

Five of the air ambulance services have a total of 23 helicopters. Their principal function in emergency care is the recovery of injured from remote areas.

In addition to the private services, the U. S. Forest Service and U. S. Air Force have aircraft and personnel available for certain emergency situations.

The following private companies provide air ambulance service.

Bethel Aviation Service Baker Airport Baker, Montana 59313 Telephone: 778-2627	1 fixed wing Oxygen	1 patient *	Days only
Gallatin Flying Service Gallatin Field Belgrade, Montana 59714 Telephone: 388-6733	4 fixed wing Oxygen	5 patients	Day/night
Flight Line, Inc. Gallatin Field Belgrade, Montana 59714 Telephone: 388-4274	2 fixed wing Oxygen	2 patients	Day/night
Sky Harbor Enterprises, Inc. Logan Field Billings, Montana 59101 Telephone: 245-6421	8 fixed wing 3 helicopters Oxygen Suction	23 patients	Day/night

* Number of patients refers to stretcher patients. All aircraft are capable of carrying additional patients if they can be transferred sitting upright.

Combs Airways Logan Field Billings, Montana 59101 Telephone: 245-6407	9 fixed wing Oxygen	18 patients	Day/night
Gillis Aviation Logan Field Billings, Montana 59101 Telephone: 252-6355	5 fixed wing Oxygen	8 patients	Day/night
Lynch Flying Service Logan Field Billings, Montana 59101 Telephone: 252-0508	5 fixed wing Oxygen	10 patients	Day/night
Butte Aero Sales and Service Silver Bow County Airport Butte, Montana 59701 Telephone: 792-9195	3 fixed wing (1 pressurized) Oxygen Suction	6 patients	Day/night
Pondera Flying Service West of Conrad Conrad, Montana 59425 Telephone: 278-3641	1 fixed wing Oxygen	1 patient	Day/night
Kruger Helicopter Service 211 3rd Ave. South East Cut Bank, Montana 59427 Telephone: 938-2147	1 helicopter Oxygen available	2 patients	Day/night
Wokal Flying Service NW of Glasgow Glasgow, Montana 59230 Telephone: 228-4023	2 fixed wing Oxygen	2 patients	Day/night
Glendive Flying Service NW of Glendive Glendive, Montana 59330 Telephone: 687-2522	1 fixed wing Oxygen	1 patient	Day/night
Northwest Mooney Aircraft International Airport Great Falls, Montana 59401 Telephone: 761-4040	2 fixed wing Oxygen Suction	2 patients	Day/night
Fox Helicopter Services South Winds Airport Great Falls, Montana 59401 Telephone: 761-5704	3 helicopters	6 patients	Summer only
Hensley Flying Service West of Havre Havre, Montana 59501 Telephone: 265-9112	1 fixed wing Oxygen	1 patient	Day/night

Morrison Flying Service Helena Airport Helena, Montana 59601 Telephone: 442-2190	2 fixed wing Oxygen	2 patients	Days Only
Glacier View Skyways Flathead County Airport Kalispell, Montana 59901 Telephone: 752-2390	2 fixed wing Oxygen	2 patients	Day/night
Strand Aviation City Airport, Highway 935 Kalispell, Montana 59901 Telephone: 756-7678	1 fixed wing Oxygen	2 patients	Day/night
Stockhill Aviation, Inc. City Airport Kalispell, Montana 59901 Telephone: 756-9226	4 fixed wing Oxygen	3 patients	Day/night
Central Air Service Lewistown Airport Lewistown, Montana 59457 Telephone: 538-3767	1 fixed wing 3 helicopters Oxygen	1 patient	Day/night
Michel's Flying Service Livingston Airport Livingston, Montana 59047 Telephone: 222-0932	1 fixed wing Oxygen	2 patients	Day/night
Miles City Aero Service Miles City Field Miles City, Montana 59301 Telephone: 232-1354	1 fixed wing Oxygen	1 patient	Day/night
Johnson Flying Service Johnson-Bell Airport Missoula, Montana 59801 Telephone: 549-4158	10 fixed wing 13 helicopters Oxygen	Over 40 Patients	Day/night
Missoula Skyflite, Inc. Missoula County Airport Missoula, Montana 59801 Telephone: 543-8334	5 fixed wing Oxygen	12 patients	Day/night
3-A Services S. 4th St. West & Orange Missoula, Montana 59801 Telephone: 543-5111	1 fixed wing Oxygen Suction	3 patients	Day/night
Don's Flying Service Townsend Airport Townsend, Montana 59644 Telephone: 266-3313	1 fixed wing No oxygen	1 patient	Day/night

2. SEARCH AND RESCUE

July 1970

ANACONDA Deer Lodge County

Sheriff Frank LaForest
Office Phone 563-2561
Size of Group 12

Equipment: Four divers, diving equipment, survival equipment, excellent first aid kits, one resuscitation expert.

Misc.: Organization can always raise money when needed; does not have any funds to operate within another county; charges expenses for such an operation.

BILLINGS Yellowstone County

Sheriff Roy R. Stewart
Office Phone 252-0588
Size of Group: Three groups:
Minutemen 35
Sheriff's Posse, all mounted . . 26
Rough Riders, 4-wheel drive unit 35

Equipment: (complete unit): forty-five 4-wheel drive units; 3 2-way police radios; 2 2-way CB radios; buckets; axes; shovels, etc.; most of 45 men trained in first aid; 26 mounted members trained in first aid; 3 walkie talkies; 1 bay station on Sheriff frequency; complete first aid packs; packing equipment for survival in open or in mountains; scuba divers and diving equipment, 6 complete units; 5 K.W. generator and lights, first aid kits, ropes, warning beacons, blankets, portable oxygen supply, boats, motors, paging horns, bus converted to mobile communication center--equipped with CB and Sheriff radios.

Misc.: Three teams have meetings together once every three months to learn each group's members and what they do; raise money through fund raising projects, dues, raffles, etc.; will loan equipment or accompany it when working in another county; Rough Riders and Minutemen charge expenses to leave county, no charge for Sheriff's posse.

BOZEMAN Gallatin County

Sheriff L.D.W. Anderson
Office Phone 586-2315
Size of Group 28

Equipment: Divers, 3 boats, 1 rubber raft air compressor, 5,000 watt light plant, mountain rescue equipment, full camp equipment.

Misc.: Organization has funds to support itself; gets these funds by parking cars and directing traffic; charges expenses for working within another county; can borrow equipment in case of emergency; will loan equipment to another organization when one of its men accompanies the equipment.

Assistance from Gallatin Valley Snow Mobile Association and Ski Patrol.

BROADUS Powder River County

Sheriff Grant Gatlin
Office Phone 436-2333
Size of Group 10

Equipment: Divers and first aid; diving equipment for one man; oxygen masks and tanks for three at one time; saddle horses; jeeps and 5 radio cars; 2 planes; 3 rural fire trucks - 4-wheel drive with tanks; 2 ambulances.

Misc: Organization does not have funds with which to operate; or funds to work within another county; will leave county upon request; can borrow equipment in case of emergency; will loan all equipment to another organization's need.

BUTTE
Silver Bow County

Sheriff. Ken P. Cunningham
Office Phone 723-4351
Size of Group. 38

Equipment: Resuscitators, divers, snow-mobiles, boats, draglines, communications equipment.

Misc.: Organization does not have funds to operate, nor does it have funds to work within another county; will leave county upon proper request; can borrow equipment in case of emergency; will loan equipment in case of another organization's need.

CHESTER
Liberty County

Sheriff. Robert L. Remington
Office Phone 334-3161
Size of Group. 40

Equipment: 5 boats on call (one big one) on trailers ready to go at all times; 8 horses, riders and transportation on call; 1 resuscitator; axes, shovels, rope, etc.; enough drag hook assemblies to drag an 80-ft. swath behind five boats; portable oxygen tank and mask; 2 voluntary aircraft; 1 jeep belongs to organization; 8 voluntary 4-wheel drive units.

Misc.: Organization gets a little money from fund-raising activities and donations; does not have funds enough to operate out of county, but will do so upon request charging actual out-of-pocket expenses; can borrow equipment in case of emergency; will gladly take equipment any place.

CHINOOK
Blaine County

Sheriff. Murdo MacLean
Office Phone 357-3260
Size of Group. 25

Equipment: One boat; city and rural fire fighting equipment; three 4-wheel drive jeeps; 1 aircraft.

Misc.: Organization does not have any funds to operate, nor does it have funds to work within another county; will leave county upon request; can borrow equipment in case of need; will loan all available equipment in case of another organization's need.

DILLON
Beaverhead County

Sheriff. Lloyd Thomas
Office Phone. 683-2383
Size of Group. 15

Equipment: Divers; several air tanks; scuba gear; rescue truck; ropes; hooks; boats; walkie-talkie radios; two mobile units; big air compressor to fill diver air tanks.

Misc.: Organization obtains a little money for operation from local donations; has no funds to operate out of county; will not loan equipment in case of another organization's need.

ENNIS
Madison County

Sheriff. Guy Hulse
Office Phone . . Virginia City 843-5351
Size of Group. 21

Equipment: Pilots; guide; outfitters; first aid; 3 two-way radios on sheriff band; ten 4-wheel drive units; horses; drag hooks, etc.; aircraft with two-way radio available for emergency.

Misc.: Organization has limited funds obtained through donations and projects; does not charge for operation out of county; can borrow equipment in case of emergency; does not loan equipment to another organization, but will cooperate.

EUREKA
Lincoln County

Sheriff John D. Fisher
Phone 293-4112
Size of Group 20

Equipment: Three divers with diving equipment; 3 planes; 4 4-wheel drive units; mountain rescue (10); mounted patrol (10-15); access to snowmobiles; 5 pack sacks equipped with fire extinguishers, C rations, nylon cord, hatchets, first aid kit, flashlights, etc.; dragging equipment; 7 boats, trail cycles; portable 300-watt light plant; handi-talkies; foot patrol.

Misc.: Organization has only limited funds to support itself, will work in another county charging nothing, can borrow equipment in case of emergency, will loan any available equipment to another organization.

FORT BENTON
Chouteau County

Sheriff John Saksa, Jr.
Office Phone 622-3225
Size of Group 20

Equipment: Mounted members; search and rescue members; boat; some equipment; available planes; one helicopter; 4-wheel drive wagons; C.B. radio units installed in scouts and other motor vehicles; walkie-talkies on citizen bands.

Misc.: Organization does not have funds to operate, nor does it have funds for work within another county; will leave county upon proper request and charge only expenses; can borrow equipment in case of emergency; individuals go along with their equipment when called.

GREAT FALLS
Cascade County

Sheriff John Krsul
Office Phone 453-0368
Size of Group 35

Equipment: Diver; 3 pilots; mountain jeep; 4-8 divers; radio equipped ambulance power wagon; boat, motor and trailer; auxiliary power plants; horses; etc.

Misc.: Organization gets funds through a budget to support itself; does not have funds to operate outside of county; will work in another county upon proper request; can borrow equipment in case of emergency; will loan excess equipment in case of another organization's need.

HAMILTON
Ravalli County

Sheriff Dale Dye
Office Phone 363-3033
Size of Group 44

Equipment: Four-wheel drive panel unit, fully equipped; 14-ft. aluminum boat; 10-horse motor, drag hooks.

Misc.: Organization has no funds to support itself; will leave county upon request, charging nothing; can borrow equipment in case of emergency; will loan all equipment to another organization when needed.

HELENA
Lewis and Clark County

Sheriff Dave Middlemas
Office Phone 442-7880
Size of Group 50 - 80

Equipment: Divers; mechanics; pilots; mountain climbers, trackers; bloodhound handlers; all necessary equipment for any type of search and rescue.

Misc.: Organization is supported by the public; has no funds for work outside of county; can borrow equipment in case of emergency; will furnish air tanks, diving suits with men, dragging equipment, floats, ropes, weights and drags to other organizations.

KALISPELL
Flathead County

Sheriff. Ross J. Wilson
Office Phone 756-3691
Size of Group. 160

Equipment: Twelve scuba divers; 8 over-snow cats; 18 four-wheel drives; 62 horse-men; 7 chapters with boats and other equipment; 2 paramedics; 8 airplanes; kitchen trailer house; lights, etc.; 3 air-propelled boats; divers' van equipped with tanks; 10-foot glass bottom boat; one jet propelled boat.

Misc.: Organization gets funds for support from voluntary private donations; does not have funds to operate in another county; will leave county to work in another upon proper request and charge only expenses; can borrow equipment in case of emergency; will not loan equipment to another organization.

LEWISTOWN
Fergus County

Sheriff. James Kaaro
Office Phone 538-3415
Size of Group. . . . Volunteers (41)

Equipment: Four-wheel drive vehicles; snowmobiles; ski patrol; horseback riders; 2 walkie-talkies; boats, drag equipment.

Misc.: Organization does not have funds to support itself; has no funds available to work outside county; will leave county to work in another upon proper request charging expenses; can borrow equipment in case of emergency; will loan equipment to another organization.

LIBBY
Lincoln County

Sheriff. John D. Fisher
Office Phone 293-4112
Size of Group. 20

Equipment: Pilot; divers from local diving club; ambulance driver; first aid equipment; 1201 Thicole snow cat; boats; fully equipped trailer; airplanes with pilots; equipped bus.

Misc.: Organization has limited funds to operate that come from contributions and dues from members; will leave county to work in another if matter is urgent; can borrow equipment in case of emergency; will loan equipment to another group if not too far away.

LIVINGSTON
Park County

Sheriff. Don Guintani
Office Phone 222-2281
Size of Group. 20

Equipment: 2 skin divers; mountain rescue group; rope; folding stretcher; boat and motor; grappling hooks; citizens band handi-talkie radios, backpack equipment; several 4-wheel drive units; saddle horses which may be obtained on 2 or 3 hours notice; equipped van.

Misc.: Organization has limited funds for support obtained from public donations; will leave county upon request.

MILES CITY
Custer County

Sheriff. F. W. Damm
Office Phone 232-2237
Size of Group. .Volunteers--no number

Equipment: Snowmobiles; divers; several boats; county fire truck.

Misc.: Organization does not have funds to support operations; will leave county to work in another upon proper request; not allowed to charge for that work; can borrow equipment in case of emergency; will not loan equipment to another organization, but will go and operate own equipment instead.

MISSOULA
Missoula County

Sheriff James P. Murphy
Office Phone 542-2017
Size of Group 600

Equipment: Four by four patrol; 7 divers; alpine rescue; motorized trail scooters; ski patrol; task force (for determining what equipment and manpower is needed); bloodhound; various stretchers; snow sleds; 35 4x4 patrol units equipped with radios, saws, axes, blankets, first aid kits, food supplies; 2 generating plants; tents; 2-way radios; boat and motor; life raft; scuba equipment owned by individual divers; ropes; 4-wheel drive power wagon; snowmobile patrol - 20 members; 13 walkie-talkies; cook trailer.

Misc.: Organization gets funds to support operations from public donations; will leave county on request charging nothing; can borrow equipment in case of emergency; will loan equipment in case of another organization's need if personnel go along to account for it.

POLSON
Lake County

Sheriff W. A. Phillips
Office Phone 883-2121
Size of Group 15

Equipment: Drags; ambulance; resuscitator; rope; and stretcher.

Misc.: Organization has no funds to support operations; will leave county upon request, charge unknown.

RED LODGE
Carbon County

Sheriff James F. Eichler
Office Phone 446-1234
Size of Group Volunteers (15)

Equipment: Drag hooks; handi-talkies; Sheriff Dept. mobile units; baskets and stretchers; men with horses; trailers; 4-wheel drive units; is able to use the services of the Red Lodge Ski Patrol and its First Aid unit.

Misc.: Organization has an emergency fund in the Sheriff's budget; will leave the county to help elsewhere if not at any great distance; has charged nothing in the past for such work; 5 police service dogs available anywhere in state upon request.

STANFORD
Judith Basin County

Sheriff Charles A. Loberg
Office Phone 566-2212
Size of Group 15

Equipment: Two divers; rescue pilot and 1 aircraft; 6 4-wheel drive wagons; 6 mounted searchers; 3 snow cats; 1 catagator.

Misc.: Organization has a small county search and rescue budget for support of operations; will leave county upon request if emergency exists charging actual expenses and small mileage fee; can borrow equipment in case of emergency; will loan equipment in case of another organization's need.

SUPERIOR
Mineral County

Sheriff Francis Tamietti
Office Phone 822-4581
Size of Group Volunteers - no number

Equipment: Drag hooks; most equipment borrowed from Forest Service, Fish and Game, County, Logging Companies, Saw-mills, etc.

Misc.: Organization has funds for support of operation obtained from donations, raffles, etc.; will leave county upon proper request to work in another county - have never charged for such operations; can borrow equipment in case of emergency; will loan drag hooks to another group.

WOLF POINT
Roosevelt County

Sheriff. Leo A. Cody
Office Phone 653-1061
Size of Group. .Volunteers--No number

Equipment: Motor boat; local aircraft
available; snow cats; horses and riders.

Misc.: Group can borrow equipment in case
of emergency.

REFERENCE FOR SPECIAL EQUIPMENT AND SKILLS

DIVERS and/or EQUIPMENT

Anaconda
Billings
Bozeman
Broadus
Butte
Chester
Dillon
Eureka
Great Falls
Helena
Kalispell
Libby
Livingston
Miles City
Missoula
Plentywood
Stanford

4-WHEEL DRIVE PATROLS (UNITS)

Billings
Broadus
Chester
Chinook
Ennis
Eureka
Fort Benton
Great Falls
Hamilton
Kalispell
Lewistown
Livingston
Missoula
Red Lodge
Stanford

HELICOPTER

Billings
Fort Benton
Great Falls
Missoula

PILOTS AND PLANES

Billings
Broadus
Chester
Chinook
Ennis
Eureka
Fort Benton
Great Falls
Helena
Kalispell
Libby
Missoula
Sidney
Stanford

MOUNTAIN RESCUE

Billings
Bozeman
Eureka
Helena
Livingston
Missoula

SMOKE JUMPERS

Great Falls
Missoula

SNOWMOBILES

Bozeman
Butte
Kalispell
Lewistown
Libby
Miles City
Missoula
Stanford
Wolf Point

SKI PATROL

Bozeman
Choteau
Great Falls
Kalispell
Lewistown
Missoula
Red Lodge
White Sulphur Springs

MOUNTED PATROL (Horses)

Billings
Broadus
Chester
Ennis
Eureka
Fort Benton
Great Falls
Kalispell
Lewistown
Livingston
Red Lodge
Stanford
Wolf Point

BLOODHOUNDS

Helena
Missoula
Red Lodge

EQUIPPED VAN OR BUS

Kalispell
Libby
Livingston

COOK TRAILER

Missoula

3. CIVIL AIR PATROL

(24001) Hq. Mont. Wing CAP, Box 2085, Great Falls, Montana 59401 Ph. 761-7025
Comdr.: Col. Charles E. Halleman - Hph. 761-2643 Bph. 771-3971

R O S T E R

(24008) Billings Comp. Sq., CAP
P. O. Box 20503
Billings, Montana 59102
Capt. Cecelia Patterson, Comdr.
Hph: 656-1300

(24003) Helena Comp. Sq., CAP
734 E. 6th Ave., Apt. 2
Helena, Montana 59601
Maj. Ed Kitts, Comdr.
Hph: 443-3627

(24031) Butte Comp. Sq., CAP
3464 Hannibal
Butte, Montana 59701
Maj. John Truzzolino, Comdr.
Hph: 792-3136; Bph: 723-6537

(24016) Kalispell Comp. Sq., CAP
P. O. Box 856
Kalispell, Montana 59901
Capt. James Christensen, Comdr.
Hph: 756-7509; Bph: 756-4445

(24020) Eureka Comp. Sq., CAP
P. O. Box 342
Eureka, Montana 59917
Capt. Tom Price, Comdr.
Hph: 296-2143; Bph: 889-3314

(24009) Libby Comp. Sq., CAP
P. O. Box 944
Libby, Montana 59923
George Shattuck, Comdr.
Hph: 293-4905

(24037) Gallatin Comp. Sq., CAP
P. O. Box 1154
Bozeman, Montana 59715
1Lt. David B. Ditzel, Comdr.
Hph: 586-5810; Bph: 586-6789
(USAR)

(24018) Missoula Comp. Sq., CAP
P. O. Box 1018
Missoula, Montana 59801
Capt. Jerome Hartman, Comdr.
Hph: 549-2387; Bph: 542-0383

(24036) Glasgow Flight, CAP
Route 1, Box 164
Glasgow, Montana 59230
_____, Comdr.
Hph:

(24014) Townsend Cadet Sq., CAP
208 S. Cherry
Townsend, Montana 59644
1Lt. Randolph Vogel, Comdr.
Hph: 266-3349; Bph: 266-3455

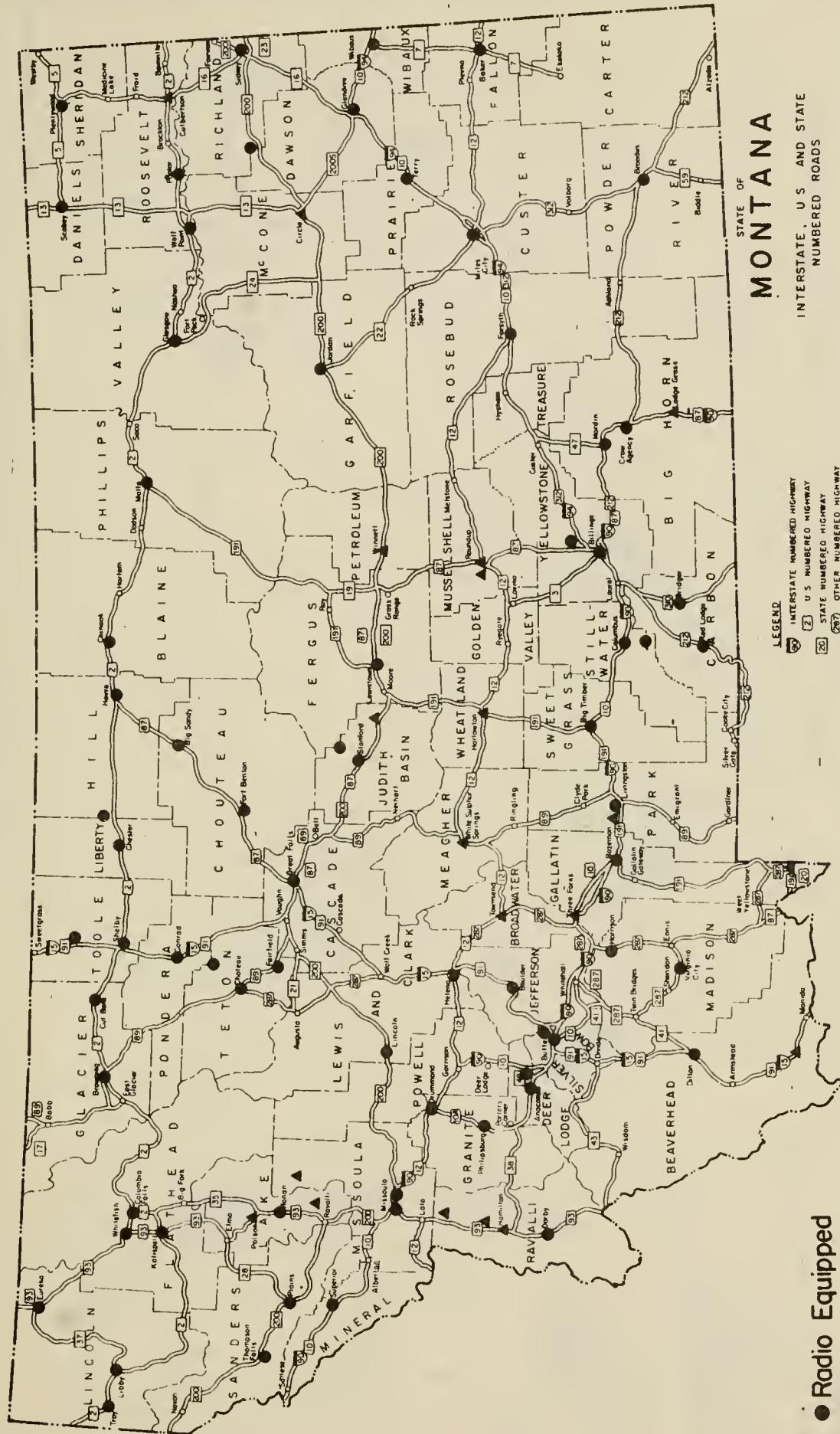
(24012) Great Falls Comp. Sq., CAP
P. O. Box 2272
Great Falls, Montana 59401
Maj. Marvin Odefey, Comdr.
Hph: 761-2245; Bph: 731-2458

(24032) Montana Group I, CAP
P. O. Box 578
Kalispell, Montana 59901
Lt. Col. Victor Guest, Comdr.
Hph: 756-4655; Bph: 756-5433

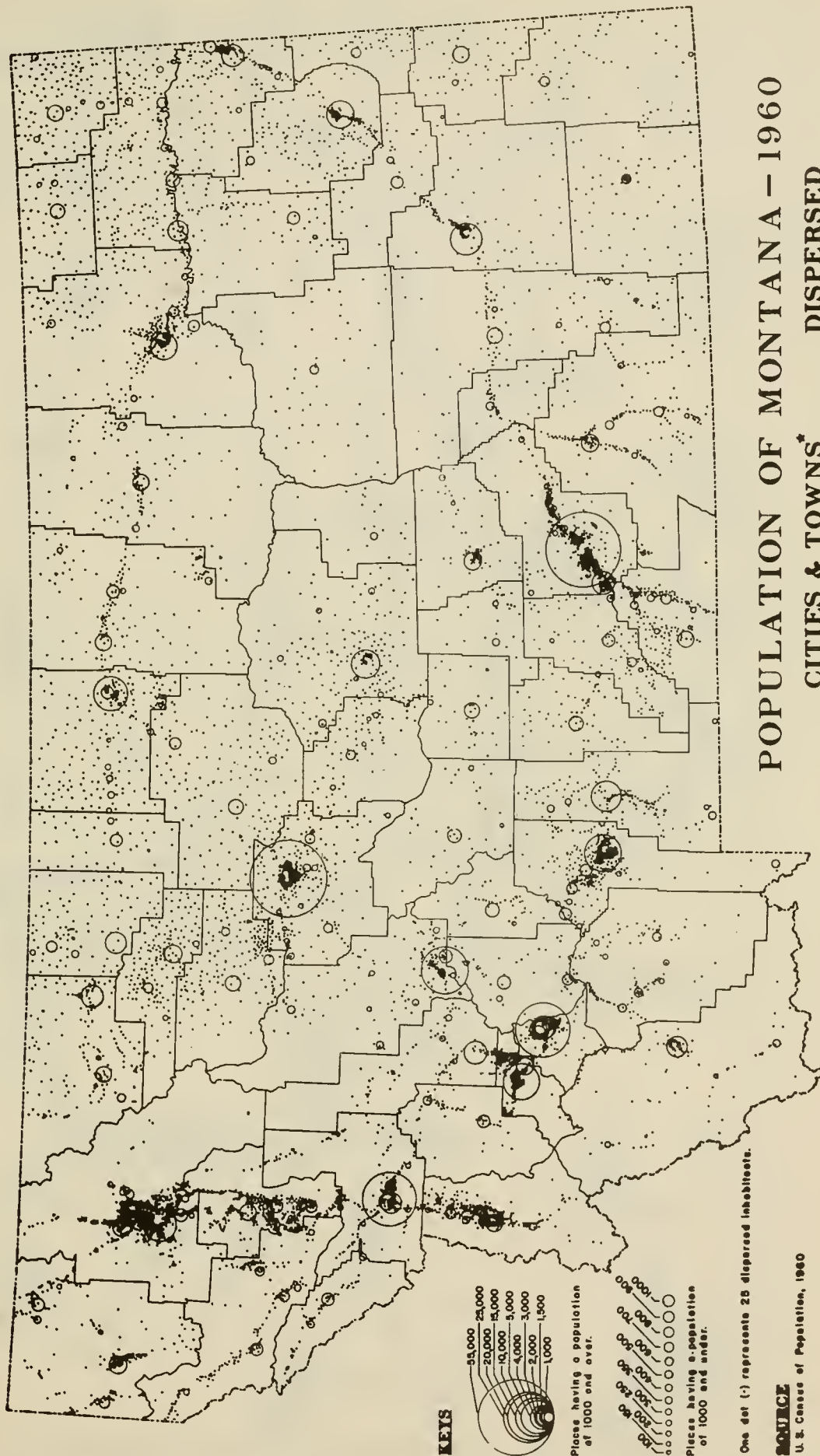
C. MAPS

1. Population Density
2. Sites of Emergency Care Training Programs
3. Location of Radio-Equipped Ambulance Services

LOCATION OF AMBULANCE SERVICES

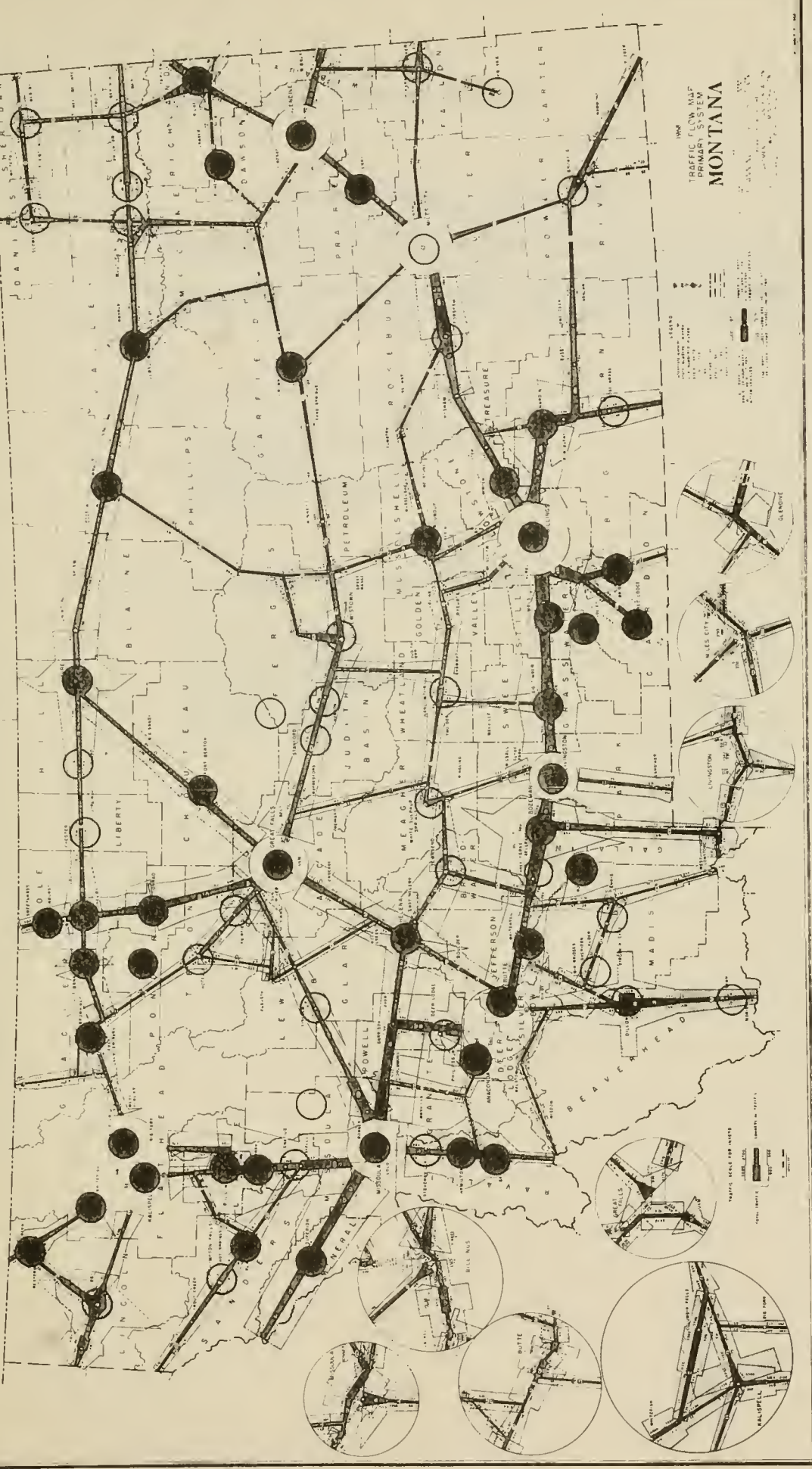


STATE OF
MONTANA
INTERSTATE, U.S. AND STATE
NUMBERED ROADS



LOCATION MAP — AMBULANCE SERVICES IN MONTANA

Solid locations indicate attendance at an EMERGENCY CARE training program



D. EMERGENCY MEDICAL SERVICES PROJECTS

Montana Highway Safety Office

National Highway Safety Bureau Financial Assistance

The following ambulance projects were approved by the Montana Highway Safety Office and the National Highway Safety Bureau.

These projects are being funded for:

Communication equipment
Ambulances
Ambulance equipment
Training

Areas funded or approved 1969-70:

Laurel, Montana
Phillips County
Deer Lodge County
Ravalli County
Pondera County

E. PRIORITY COVER LETTER AND LIST



JOHN S. ANDERSON, M.D.
EXECUTIVE OFFICER

State of Montana

State Department of Health

HELENA, MONTANA

July 13, 1970

Dear

As part of the state-wide ambulance survey, we are attempting to get from ambulance personnel an idea of which areas should be emphasized in our emergency medical program. We have listed some priority items for the ambulance services. To assist us in evaluating these, would you please number them in order of importance.

Will you please return the list to us as soon as possible after completing it, in the enclosed envelope.

Thank you for your assistance.

Sincerely yours,

A handwritten signature in cursive script that reads "Gerald T. Luchau".

Gerald T. Luchau, Coordinator
Emergency Medical Services
Division of Disease Control

GTL:mrc

Encls.

PLEASE RATE THE FOLLOWING:

- ☐ Driver Training
- ☐ Replacement or acquisition of ambulances
- ☐ Some legislation requiring minimum equipment and training
- ☐ Communication equipment
- ☐ Advanced emergency medical training (CPR*, drug administration, etc.)
- ☐ Technical or advanced equipment (heart-lung resuscitator, defibrillator, etc.)
- ☐ Ambulance equipment (e.g. minimal equipment)
- ☐ Financial aid or subsidization

*Cardiopulmonary Resuscitation

F. MONTANA HIGHWAY TRAFFIC SAFETY BOARD AS OF APRIL 15, 1970

(Legal Status - created by the 40th Legislative Assembly of 1967
See: Section 32-4601 - 32-4607, R.C.M., 1947)

DEPARTMENT OF HEALTH

Dr. John S. Anderson (Representative)
Executive Officer
State Department of Health
Helena, Montana 59601
Phone: 449-2544

Mr. Gerald Luchau (Alternate)
Coordinator, Emergency Medical Services
State Department of Health
Helena, Montana 59601
Phone: 449-2645

Dr. Mary Soules (Alternate)
Director, Disease Control
State Department of Health
Helena, Montana 59601
Phone: 449-2645

Mr. John Wilson, Director (Alternate)
Division of Records & Statistics
State Department of Health
Helena, Montana 59601
Phone: 449-2614

OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION

Mrs. Dolores Colburg (Representative)
State Superintendent of Public
Instruction
State Capitol Building
Helena, Montana 59601
Phone: 449-3654

Mr. Jerry Toner (Alternate)
Traffic & Safety Education Supervisor
Superintendent of Public Instruction
Mitchell Building
Helena, Montana 59601
Phone: 449-2677

Mr. L. E. Scarr (Alternate)
Administrative Asst. to Supt.
Superintendent of Public Instruction
State Capitol Building
Helena, Montana 59601
Phone: 449-3656

Mr. Curtis Hahn (Alternate)
Montana Highway Safety Project
Consultant
Superintendent of Public Instruction
Mitchell Building
Helena, Montana 59601
Phone: 449-2677

MONTANA HIGHWAY COMMISSION

Mr. Lewis Chittim, P.E. (Representa-
State Highway Engineer tive)
Montana Highway Commission
Helena, Montana 59601
Phone: 449-2482

Mr. James Sawyer (Alternate)
Data Processing Director
Montana Highway Commission
Helena, Montana 59601
Phone: 449-2066

Mrs. Howard T. Buswell (Alternate)
Assistant State Highway Engineer
Montana Highway Commission
Helena, Montana 59601
Phone: 449-2582

REGISTRAR OF MOTOR VEHICLES

James Estelle, Warden (Representative)
Montana State Prison
Deer Lodge, Montana 59722
Phone: 846-1320 Ext. 31

Mr. Frank Disney (Alternate)
Deputy Registrar of Motor Vehicles
Deer Lodge, Montana 59722
Phone: 846-1320 Ext. 35 or 36

REGISTRAR OF MOTOR VEHICLES (Continued)

Mrs. Beulah Sand (Alternate)
Chief Clerk
Registrar of Motor Vehicles
Deer Lodge, Montana 59722
Phone: 846-1320 Ext. 35 or 36

MONTANA HIGHWAY PATROL

Col. Robert H. McKay (Representative)
Chief of Highway Patrol
Hustad Center
Helena, Montana 59601
Phone: 449-3000

Capt. Robert J. Griffith (Alternate)
Assistant to the Chief
Montana Highway Patrol
Hustad Center
Helena, Montana 59601
Phone: 449-3000

Capt. Duane Tooley (Alternate)
Chief Examiner
Montana Highway Patrol
Hustad Center
Helena, Montana 59601
Phone: 449-3000

Lt. Michael G. Davis (Alternate)
Deputy Chief Examiner
Montana Highway Patrol
Hustad Center
Helena, Montana 59601
Phone: 449-3000

MONTANA LEAGUE OF CITIES AND TOWNS

Laurence G. Bjorneby (Representative)
Mayor of Kalispell
City Hall
Kalispell, Montana 59901
Phone: 756-9457

Dan K. Mizner (Alternate)
Executive Director
Montana League of Cities & Towns
P. O. Box 1704
Helena, Montana 59601
Phone: 442-8768

LEGISLATIVE COUNCIL

Mr. James Van Koten (Representative)
Director
Legislative Council
Capitol Building
Helena, Montana 59601
Phone: 449-3064

GOVERNOR'S OFFICE

Ronald Richards (Representative)
Executive Assistant
Governor's Office
Capitol Building
Helena, Montana 59601
Phone: 449-3111

MONTANA COUNTY COMMISSIONERS ASSN.

Mr. James Plummer (Representative)
Broadwater County Commissioner
Toston, Montana 59643
Phone: 266-3660

HIGHWAY SAFETY DIRECTOR'S OFFICE

Albert E. Goke
Highway Safety Director
Capitol Building - Room 344
Helena, Montana 59601
Phone: 449-3412

G. MONTANA COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS

The objectives of the Montana Committee on Trauma of the American College of Surgeons are:

1. Improvement in all phases of the management of the injured persons in both the United States and Canada; this includes improvement in the transportation of the injured, in the teaching of the surgery of trauma, both undergraduate and postgraduate, and in the practice of the surgery of trauma; and active cooperation with other national organizations having similar objectives.
2. The prevention of injuries in the home, industry, on the highways, and during participation in all sports activities.

In considering the objectives of the Committee on Trauma and the interest they have shown, the Montana Committee on Trauma will play an important role in achieving the type of emergency care system needed in the state.

Chairman

Harold C. Habein, Jr., M.D., F.A.C.S., 1231 N. 29th, Billings, Montana 59101

Committee Members

Warren H. Randall, M.D., F.A.C.S., 2000 Clark Street, Miles City, Montana 59301
Perry M. Berg, M.D., F.A.C.S., 1230 N. 30th, Billings, Montana 59101
Mark B. Listerud, M.D., F.A.C.S., 100 Main Street, Wolf Point, Montana 59201
Yokichi Itoh, M.D., F.A.C.S., 117 E. Callender St., Livingston, Montana 59047
Francis J. Kelly, M.D., F.A.C.S., 300 N. Willson Ave., Bozeman, Montana 59715
Thomas C. Power, M.D., F.A.C.S., 110 College Park Medical Center, Great Falls, Montana 59401
John A. Evert, M.D., F.A.C.S., 218 East Front Street, Missoula, Montana 59801
John P. Lacey, M.D., F.A.C.S., 1102 E. Commercial, Anaconda, Montana 59711

Associate Member

Donald Fletcher, M.D., 406½ Main St., Box 1057, Conrad, Montana 59425

Advisory Members

Gerald T. Luchau, Emergency Medical Services Coordinator, Montana State Department of Health, Helena, Montana 59601

Patrick E. Wyse, Conrad, Montana 59425

H. MINIMAL EQUIPMENT AND APPROXIMATE COST

1. Hinged half-ring lower extremity splint with web straps for ankle hitch \$15 to \$20
2. Two or more padded boards 4½ feet in length and 3 inches wide, and two or more similar padded boards 3 feet in length and 3 inches wide, of material comparable to four-ply wood, for coaptation splinting of fracture of leg or thigh \$5.00
3. Two or more padded 15 inch by 3 inch wood or cardboard splints for fractures of the forearm \$5.00
4. Short and long back boards with 2 inch webbing straps for extrication of victims with spine injuries \$15.00
5. Oxygen tanks and masks of assorted sizes for administration of oxygen \$62.50
6. Hand operated bag-mask resuscitation unit with adult, child and infant size masks (unit capable of being attached to oxygen supply preferred) \$45.00
7. Simple suction apparatus with catheter \$35 to \$50
8. Mouth-to-mouth, two-way resuscitation airways for adults and children \$5.00 pr.
9. Oropharyngeal airways \$5.00
10. Mouth gags made of three tongue blades taped together and padded \$1.00
11. Universal dressing, approximately 10 inches by 36 inches packaged folded to 10 inches by 9 inches \$5.00
12. Sterile gauze pads \$5.00
13. One-, two-, and three-inch adhesive tape on cylinder \$5.00 to \$10.00
14. Six-inch by 5-yard soft roller type bandages \$5.00
15. Triangular bandages \$5.00
16. Safety pins, large size \$1.00
17. Bandage shears \$5.00
18. At least three pillows \$3.00 to \$9.00

I. LAWS

CHAPTER 36--COUNTY AND MUNICIPAL AMBULANCE SERVICE

Section 69-3601. Establishment of service authorized-costs-petition.

69-3601. Establishment of service authorized-costs-petition. A county, city or town, acting through its governing body, may establish and maintain an ambulance service for such county, city or town. Any county, city or town may contract with any county, city or town to establish and maintain a joint ambulance service and to share the costs, such costs to be apportioned according to the benefits to accrue, the proportion to be paid by each to be fixed in advance by joint resolution by the respective governing bodies, if the governing body has received a petition signed by fifteen per centum (15%) of the electors registered to vote in the county, city or town at the last preceding general election, or in each of the counties, cities or towns wherein a joint ambulance service is being established. In addition to all other levies authorized by law, each county, city or town may levy an annual tax up to one (1) mill on the dollar of the taxable value of all taxable property within the county, city or town to defray the costs incurred in providing ambulance service.

History: En. Sec. 1, Ch. 238, L. 1961; amd. Sec. 1, Ch. 162, L. 1967.

Amendments

The 1967 amendment ended the first sentence after "city or town"; substituted "Any county, city or town may contract with any county" for "and it may also contract with another county" after "county or town" to begin the second sentence; and substituted the passage beginning "fifteen per centum (15%) of the electors" after "signed by" to the end of this section for "fifty per centum (50%) of the taxpayers who are listed on the last-completed assessment roll."

Effective Date

Section 2 of Ch. 162, Laws 1967 provided the act should be in effect from and after its passage and approval. Approved February 27, 1967.

MONTANA REVISED CODES
EMERGENCY VEHICLE OPERATION

Section 32 - 21 - 132 (1955)

"(a) Every authorized emergency vehicle shall, in addition to any other equipment and distinctive markings required by this act, be equipped with a siren, exhaust whistle or bell capable of giving an audible signal.

"(b) Every authorized emergency vehicle shall...be equipped with signal lamps mounted as high and as wide spaced laterally as practicable which shall be capable of displaying to the front two (2) alternately flashing red lights located at the same level...."

32 - 2102 (1955)

"(e) Authorized emergency vehicle...and such ambulances and emergency vehicles of municipal departments or public service corporations or of persons as are designated by the board."

32 - 2128 (1955)

"Authorized emergency vehicles" establishes the privileges the driver of an authorized emergency vehicle may exercise. He must use both audible and visual signals and is not relieved of the duty to drive with due regard for the safety of all persons.

32 - 2175 (1955)

"Operation of vehicles on approach of authorized emergency vehicles." Similar to other states (e.g. - Arkansas) with same title of section - except for subsection (b).

32 - 21 - 145 (1955)

Horns and warning devices.

*

Ch. 5, 17 410

Emergency care rendered at scene of accidents.

Any person licensed as a physician and surgeon under the laws of the state of Montana, or any other person, who in good faith renders emergency care or assistance, without compensation, at the scene of an emergency or accident, shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person for rendering such emergency care. (En. Sec. 1, Ch. 93, L. 1963)

